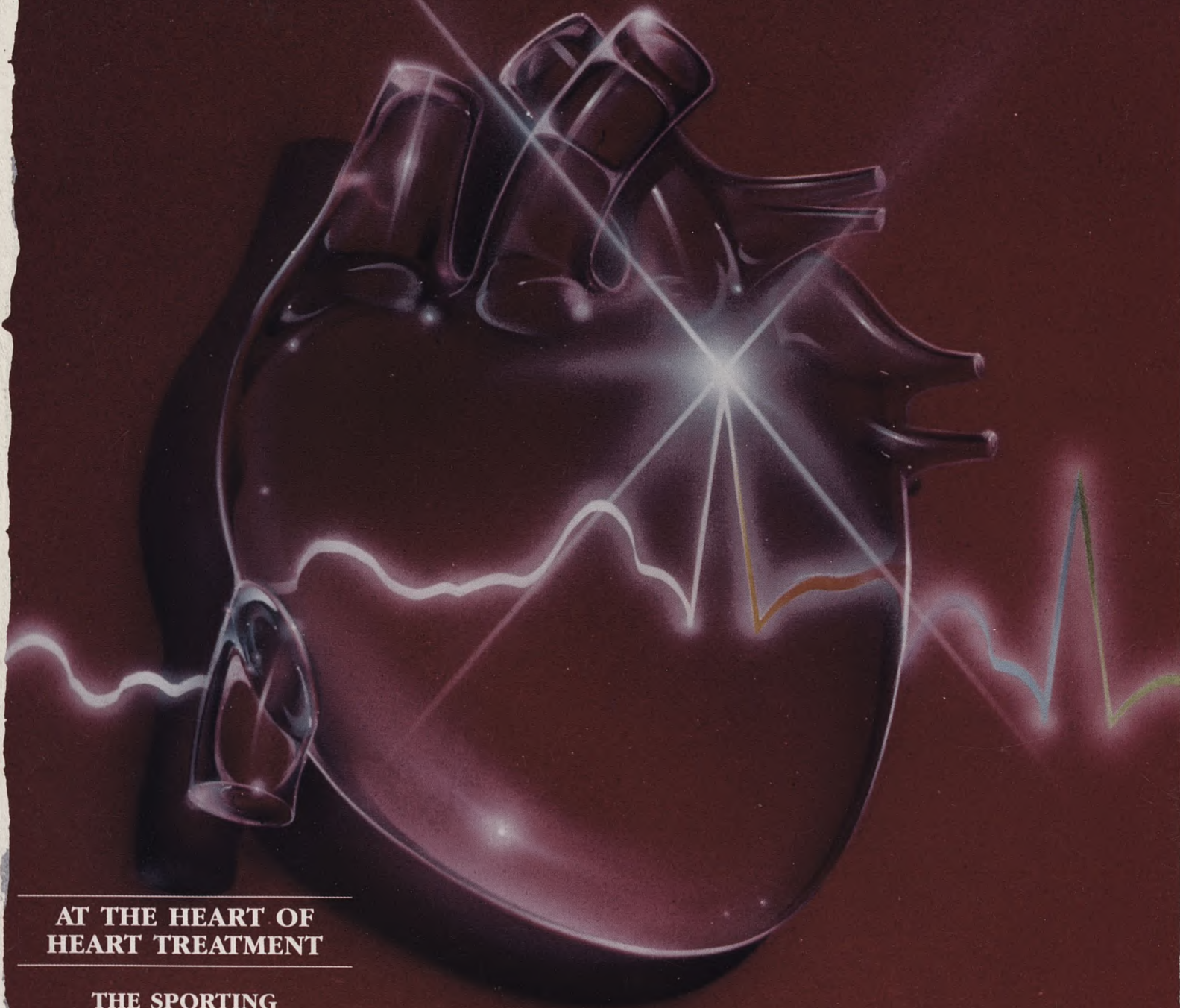


33/4

JEWISH HOSPITAL 216

AT WASHINGTON UNIVERSITY MEDICAL CENTER

JULY/AUGUST 1984



**AT THE HEART OF
HEART TREATMENT**

**THE SPORTING
MEDICAL LIFE**

BATTLE OF THE BOTTLE

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JEWISH HOSPITAL 216

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Page 2

WHEN YOU GOTTA HAVE HEART TREATMENT

The Jewish Hospital cardiology team, with vast experience in the latest techniques, sets a shining example in treating matters of the heart.

LOSING THE BOTTLE TO WIN THE WAR

Fighting alcoholism could become easier for some, with the opening of Jewish Hospital's Alcoholism Treatment Unit.

IN A FIELD BY ITSELF

Jewish Hospital's sports medicine practitioners are the choices of professional athletes—and are becoming increasingly important to the recreational sports enthusiast.

AIM PROGRAM:

AIM-ING FOR THE TOP

The most successful annual dinner to date capped off a year of activity.

AUXILIARY PROGRAM:

GIVING IN STYLE

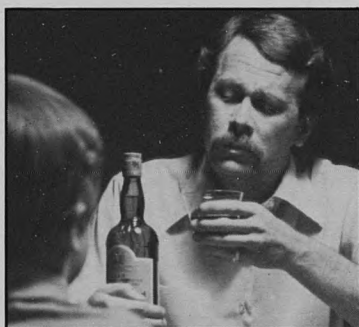
The annual spring meeting, with entertainment provided by Neiman-Marcus models, showed how fashionable it is to work for the good of Jewish Hospital.

TIMELY TRIBUTE

Their more than 58,000 hours of service to the hospital in 1983 earned our volunteers special recognition.



Page 14



Page 7

VIP Profiles

News Briefs

Shopping List

Contributions

Tribute Fund

Calendar of Events

24

25

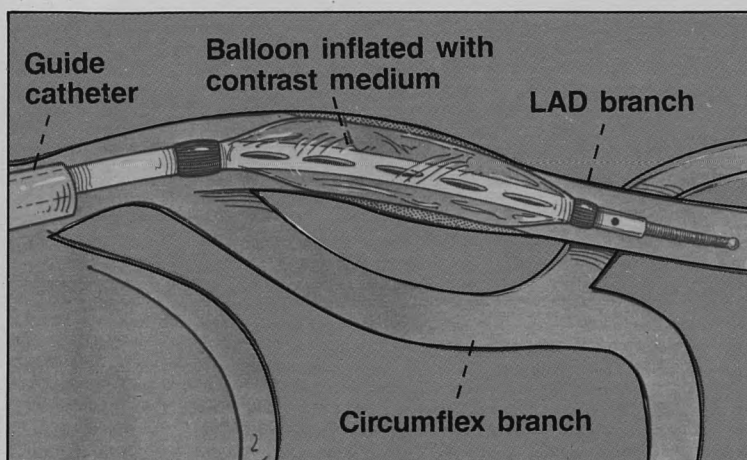
33

34

37

61

Page 20



ON THE COVER: The heart plays a starring role at Jewish Hospital as cardiologists delve ever deeper into discovering the mysteries of this organ. Two of our cardiologists, as part of a national multicenter study, have recently presented papers to the American College of Cardiology on their landmark findings in predicting future heart attacks in cardiac patients. Strides are also being made at Jewish Hospital with a procedure, angioplasty, that non-surgically corrects blockages within the heart vessels. A diagram of how a tiny balloon is inflated within the narrowed heart vessel to open it and allow blood to pass freely is shown at left. Read about how the many members of the cardiology team are striving to overcome the causes and effects of heart disease, beginning on page 2.

COVER ILLUSTRATION BY RIP KASTARIS

WHEN YOU GOTTA HAVE HEART

treatment

by Janet Ruegg-Hawks





Within the field of cardiology, sophisticated testing and monitoring equipment has given rise to studies and therapeutic techniques that not only utilize the widening parameters of technology, but are responding to the pressure of cost containment.

Recently, two Jewish Hospital cardiologists, Robert Kleiger, M.D., and Ronald Krone, M.D., participated in a multicenter study involving nine hospitals across the country and a patient population of close to 900 people who were monitored for two years. The study was designed to predict the survival of patients after they had suffered acute myocardial infarctions (AMI or heart attack). More than 400 clinical variables were collected for each patient, ranging from demographic

Each physician, nurse, technician, transcriber and specialist plays a specific and important role in the overall excellence of care. First row: Gail Eisenkramer, R.N., stress lab; Mary Hohenstein, R.N., cardiac cath lab; Barbara Gunn, holter lab. Second row: Nancy Sewell, holter lab (standing); Cathy Doyel, R.N., cardiac cath lab; Maureen Burns, R.N., cardiac cath lab; Jeanette McNutt, R.N., cardiac cath lab; Vicki Daniel, R.N., cardiac cath lab. Third row: Mattie Clay, cardiac cath lab; Keith Fischer, M.D., nuclear medicine; Ali Salimi, M.D., cardiology; Mary Jo Williams, cardiac cath lab; Sharon Fank, R.N., cardiac cath lab; David Schwartz, M.D., cardiology; Sheri Friedmann, cardiac cath lab; Ronald Krone, M.D., cardiology; Jane Humphrey, R.N., cardiology research.

HEART TREATMENT

information to the results of various cardiologic testing. The goal was to determine what variables had the most direct impact on predicting future heart attacks or death from cardiac causes. Both physicians were invited to present the results of their studies to the American College of Cardiology in Dallas last March.

Dr. Krone's portion of the study involved correlating the results of stress testing on patients two weeks after their heart attacks; Dr. Kleiger's research utilized the information obtained with a 24-hour Holter monitoring test on heart attack patients prior to discharge. While the testing procedures are quite dissimilar in specifics, both physicians were surprised to see how closely their test results correlated. "We must be measuring different facets of the same physiological structure," comments Dr. Kleiger.

show that they are not necessary for that patient.

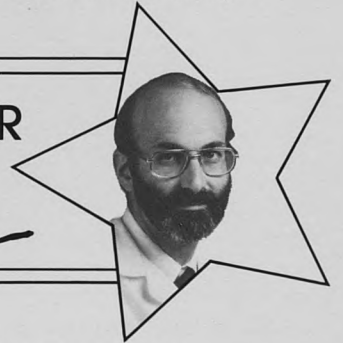
"We are looking at the patient population from a number of ways to try and see if we can predict everyone who is going to have complications following a heart attack, so that we can give appropriate therapy and improve the survival following an M.I.," explains Dr. Krone. "We would like to be able to identify those who need additional therapy—perhaps in medication, a coronary artery bypass or just close following—and those who do not require all those procedures and just need to get involved with an exercise program and a low cholesterol diet. If you don't need extensive medications, your quality of life is better. We need objective evidence to establish when a person just needs to change lifestyle habits rather than being subjected to extensive

about health care costs," Dr. Krone comments. "It is very important that resources be allocated to those who need them and that we be able to concentrate our efforts."

Following is an overview of the work Dr. Krone did with stress testing and Dr. Kleiger performed on analyzing Holter monitoring tapes for the patient population in the study.

HOLDING UP UNDER

Stress



"Most people who get into further trouble following a heart attack do so within the first three months. We have to make the decision of who is going to need aggressive therapy early on. With a stress test, we can identify people who are at a specific risk as well as those who are likely to have no complications," explains Ronald Krone, M.D., FACC (Fellow of the American College of Cardiology), director of the cardiac catheterization lab and stress lab, and assistant professor of medicine at Washington University School of Medicine. "We found that using a stress test just before discharge as well as taking into account the size of the infarction, we were able to identify a large group—almost half of the people with potential problems were separated into a high risk group."

The exercise test, which is performed in the department of nuclear medicine (as it is often combined with using an injection of radio-sensitive thallium to create a section-by-section picture of

the heart's activities, although that element was not used in this study), is a low-level treadmill test that takes nine minutes (a full-scale stress test used on other patients for diagnosis will take 16 or more minutes). Some of the parameters monitored during the test include the normal rise in the patient's blood pressure, attained heart rate, whether any angina (severe chest pain) occurs, whether the patient can complete the test and if there are any indications of a narrowed coronary artery on the electrocardiogram. The patient has electrodes affixed to the chest area and is monitored during the test on an electrocardiograph (EKG), which not only records heart beats, but shows current heart rate, elapsed time and other test parameters. The patient begins to slowly walk on the treadmill and the speed and incline are gradually increased to put stress on the heart during simulated activity. The peak level of the test simulates the activities of daily living. "Just the fact that they

***It is a simple, safe test
that is less extensive than
many other procedures.***

With the large number of patients involved and the extensive testing parameters, the study yields extremely complex results. One of the study's goals is to determine which test results have the most bearing on a heart attack patient's future cardiac health. A secondary goal is to tailor a patient's therapy to meet his/her needs without prescribing invasive and expensive tests, surgery or pharmaceutical therapies if study results

drug therapies."

While it was never stated in the study results, an underlying implication of such evaluations is the increased efficiency of treatment—which is a major concern of health care providers in today's atmosphere of increased competition for patients and the impact of Diagnosis Related Groups (DRGs) and utilization review of insurance and Medicare claims. "There is a tremendous amount of talk

"Our impression is that a stress test can identify a large number of people who will need no further testing before they can be released. The results of this simple stress test meant that we could assure a substantial number of persons before they went home that they would survive the year," notes Dr. Krone. "Through information obtained from could take the test meant that they were in pretty good shape, although age did not appear to be a factor," says Dr. Krone. the low-level exercise test and from features of the infarction itself, we were able to identify a large group of people who would have no complications as such during the following year. This meant that it may not be necessary to subject them to procedures as

extensive as angiograms or bypass surgery."

Patients who do not perform well on the stress test are identified to be at specific risk and appropriate therapy is instigated soon after their heart attack. "Many times a physician doesn't run a stress test after an M.I. and will just wait until something comes up. A stress test can give us more information about a patient's condition. It is a simple, safe test that is less extensive than many other procedures and will indicate a person with angina and other heart performance difficulties."

As well as being a short and non-invasive test, the stress test is relatively inexpensive in comparison with other diagnostic evaluations of cardiac performance or preventive procedures. ■

increases our ability to identify high risk post-infarction patients," Dr. Kleiger wrote to the American College of Cardiology, describing his results. The relationship was unexpected and was thoroughly tested through multiple regression analysis, where other variables are added and used for controls, but the results kept isolating the heart rate variability as an independent variable predicting survival.

For the testing, a patient's heart beats were monitored over a 24-hour period and analyzed for time, origin and configuration. Normal beats were calculated per five-minute period, giving an interval of time between normal beats, known as the N-N interval. Those five-minute intervals were then analyzed, giving a mean N-N interval for the period. A mean was then taken for the 24-hour period, giving a reading of standard heart rate variability. Many other aspects of the heart beat were analyzed with the Holter monitor, including premature beats, late beats and a run of beats, runs of premature

beats, pauses, as well as slowing of heart rate, among others. Heart rate variability had previously not been noted as being as important an indicator as some of the factors listed above, but Dr. Kleiger's findings may have an impact on the future use of Holter monitoring variables.

Dr. Kleiger concludes his findings, "our data clearly shows that this Holter feature is essentially independent of variables that have been widely utilized to predict mortality following infarction."

Although decreased heart rate is an easily obtained variable on the Holter monitor, "intervention is unclear until we can find the mechanics that produce it. It is possible that it is an indicator of severe coronary artery disease and that bypass surgery or angioplasty may be indicated. There is no evidence that a drug that increases the heart rate will work, so at this time, we know of no way to definitely regulate heart rate variability," says Dr. Kleiger. ■

HOW The Beat Goes On



Using the same patient population as Dr. Krone, Robert Kleiger, M.D., FACC, Jewish Hospital acting director of cardiology and professor of medicine at Washington University School of Medicine, examined the results of a 24-hour Holter monitor test on predicting the risk of death following an acute myocardial infarction. "Of all the Holter variables that can be examined, the one with the strongest ability to predict mortality turned out to be heart rate variability

[the amount the heart rate fluctuates daily during differing levels of activity]. It was significantly good at predicting who would suffer further cardiac difficulties," notes Dr. Kleiger.

All Holter monitor tapes gathered in this study were sent either to Columbia University in New York or the Washington University Arrhythmia Analysis Laboratory, located at Jewish Hospital.

"This striking relationship between an easily measured variable and mortality

OPENING THE WAY WITH Angioplasty

An estimated 10,000 people in this country have undergone angioplasty since its inception in 1977 and introduction in the United States in 1978, and nearly 2 percent (or 200) of those procedures were performed by specially-trained

Jewish Hospital physicians. That figure is also one of the highest for any hospital in the St. Louis area, and represents experience with the procedure for more than two years, longer than that of any lab not associated with a university hospital.



HEART TREATMENT

Angioplasty, or, more precisely, percutaneous transluminal coronary angioplasty (PTCA), offers to perhaps 10 to 15 percent of patients with significant coronary artery disease a potential alternative to coronary bypass surgery. An invasive, non-surgical procedure, it involves introducing a guiding catheter into the groin and maneuvering it to the narrowed blood vessel. A substance visible with X-ray is injected into the catheter, so that the entire procedure may be visualized on a fluoroscopic monitor. A catheter containing a specially-designed sausage-shaped balloon is then maneuvered with the aid of soft guide wires. When the balloon is across the lesion, or narrowing of the vessel, it is inflated and the pressure of its expansion compresses the plaque against the walls of the artery thereby dilating the arterial lumen (space in the interior of the artery). Blood then can flow freely through the artery, with no obstruction.

The relatively painless procedure may take from one and one-half to three or four hours, depending on the number of lesions involved. The patient is sedated, but is able to communicate with the angioplasty team, which constantly monitors the patient's reaction and level of comfort. Early success rates in the late 1970s ranged from 60 to 70 percent. Today, with the increased sophistication of cardiologists and equipment, the success rate of the procedure is between 90 and 95 percent.

This simple explanation

belies the complexity of the procedure. The cardiologists, nurses, and technicians who are involved in performing angioplasty in the cardiac catheterization laboratory have received special training that has given them the experience and education to perform this very delicate and intricate procedure.

Ronald Krone, M.D., and Ali Salimi, M.D., FACC, associate director of the cardiac catheterization laboratory, co-directors of the angioplasty program, continually attend courses and seminars, visit other programs and meet with colleagues in the field to maintain their expertise. "We feel that we can take on many procedures now that we couldn't have done before. It is very important to train in angioplasty full-time. A person should do hundreds of cardiac cath-

The catheters, balloons and other angioplasty equipment are constantly being refined. The first catheters used had guide wires attached that were not only difficult to maneuver, but hard to see on the monitor, so complication rates were higher. The catheters now have a very flexible guide wire that is less likely to cause damage to an artery and may be used to go to branches of the major vessels. Now, the balloons are thinner and go through lesions easier. "The technology is moving very fast. Just last week, two new guide-wires were introduced that are so thin that they can probably go through any lesion," explains Dr. Krone. "There is no question that the new techniques have made angioplasty simpler and that more experience makes it easier."

"Angioplasty does not compete with surgery in most cases."

terizations (also an invasive, non-surgical procedure performed in much the same way to diagnose difficulties in cardiac function) before attempting an angioplasty and even then, it takes about 50 applications to understand the nuances of the procedure," explains Dr. Krone. "A certain volume is important in angioplasty and it should only be done in hospitals that have high-volume catheterization labs and are referral centers for cardiology. The physician should also be a specialist in angiography [an X-ray visualization of blood vessels]."

Angioplasty does not compete with surgery in most cases, Dr. Krone emphasizes. "It depends on whether the lesions lend themselves to angioplasty or surgery. If it is a narrow, essentially focal, section of the artery that the balloon (catheter) can get through, angioplasty may be indicated. If, on the other hand, the problem is a long, diffusely narrowed segment, the chance of long-term success with angioplasty is not high. A lot depends on what the lesions look like and if the person has severe heart damage. We are very

careful about who we select as a candidate and what we feel we can do."

Adds Dr. Salimi, "Multiple vessel obstruction often requires bypass surgery. In some cases, angioplasty may be used to complement surgical procedures."

A recent case illustrated the importance of experience in handling sophisticated situations. A 74-year-old woman had several extensive lesions, which would likely have indicated surgery. However, she did not wish to undergo surgery and sought a non-surgical alternative. A successful angioplasty was performed. "We don't attempt a procedure unless we feel there is a high likelihood of success," comments Dr. Krone. While Drs. Krone and Salimi do not promote angioplasty in lieu of surgery, some circumstances merit such consideration.

The techniques and equipment used in coronary angioplasty are finding applications in other medical situations. Angioplasty has been used by Noah Susman, M.D., director of medical diagnostic imaging, to open peripheral vascular obstructions in the leg and renal arteries narrowed by the effects of hypertension. "So much of medicine is relieving obstructions in various places," explains Dr. Krone. "If we can do that without cutting, it's all for the better."

Angioplasty represents yet another procedure that has integrated the advances of technology with an increased sophistication and expertise that has become a hallmark for the Jewish Hospital department of cardiology. ■

LOSING THE BOTTLE TO WIN THE WAR

by Sharon Zaring

Jerry, a salesman for a major corporation, stops by a bar every afternoon after he finishes calling on customers. "I need the drinks to unwind after a day of trying to make sales and meet my quotas." Dave, a reporter for a weekly newspaper, never drinks during the day, but at 9 p.m. each evening, pours himself a drink—then continues to drink right up until bedtime. "Without drinking I am convinced that I won't be able to sleep and perform effectively at work the next day." Nancy, a secretary, divorced and supporting three children, pours a couple of drinks every evening after work just "to relax. Sometimes I feel that I just can't juggle the burdens of raising children and paying bills any longer. But after a few drinks, it doesn't seem so bad."

Though the circumstances vary, similar scenarios are enacted everyday by people who share a common problem which is increasing rapidly in magnitude. It is believed that between 10 and 15 million people in the United States are alcohol abusers. Up to 35 million more are thought to be affected indirectly through automobile accidents, homicides and family problems. The economic cost of alcoholism, a major portion of which is lost work productivity, may be as high as \$120 billion annually.

"Alcoholism is a medical and social disaster," says Theodore Reich, M.D., psychiatrist-in-chief, Jewish Hospital department of psychiatry. "It affects every aspect of an individual's life

and the people around him. It often results in lost jobs, child neglect and sometimes physical abuse." According to Dr. Reich, the problem of alcohol abuse is one that is expected to increase during the next decade and beyond. "In St. Louis, there are over 3,000 admissions a year to area hospitals for alcoholism. We are seeing the onset of alcoholism more often in teenagers and, increasingly, in our elderly population."

For those who are alcoholics, help has existed for years through traditional group therapy approaches. The most well known is Alcoholics Anonymous (AA), which relies on group support and encouragement from former alcoholics. But with the increasing recognition that alcoholism is a disease with many, often severe, health problems, comprehensive, medically-based, methods of treatment have become more available. Alcoholics often need treatment for liver damage, brain dysfunction, and cardiovascular disease. Many suffer from mental disorders, typically anxiety and depression. "A significant number of the patients we treat for psychiatric problems, especially those with depression, have alcoholism as a further complication," says Dr. Reich. "Some people use alcohol to deal with depression. And if this type of alcoholic is not treated for his or her depression, the drinking problem will not be eliminated."

To help meet that need, Jewish Hospital is establishing an alcohol and chemical dependency unit, scheduled to open in the fall of 1984,



ALCOHOLISM

which will offer treatment for the entire scope of substance-related medical and psychological problems.

"There is a certain proportion of patients admitted to the medical service for illnesses which are alcohol related," says Barry Hong, Ph.D., coordinator of inpatient services, department of psychiatry. "But usually these patients are scattered throughout different divisions, including psychiatry, which often makes treatment and therapy difficult. By having a specific unit for alcoholism and its related disorders, we can better serve this population of our patients." Although its primary focus will be alcoholism treatment, the unit will also treat patients with other chemical dependencies.

The unit will be located on Jewish Hospital's division 6300. It will be unique in that it is the first alcoholism treatment unit in St. Louis located in a university medical center. "We believe this will be an important clinical service," says Dr. Hong, "not only for treatment, but also for research. Jewish Hospital and the Washington University department of psychiatry have had a distinguished tradition in the field of chemical dependency research which makes us especially well equipped to establish such a unit. We presently hold two ADAMH—Alcohol, Drug Abuse and Mental Health—research center grants, one in drug addiction and another in alcoholism."

With an average of 12 to 15 patients—half the patient load of the majority of treatment units—the Jewish Hospital unit will

offer individualized attention from a multi-disciplinary staff of psychologists, psychiatrists, social workers, nurses, occupational and recreational therapists. The unit will also serve as a teaching facility for medical students and resident physicians. "Now that alcoholism is a recognized disease, more people are seeking treatment. We need settings to train physicians and to give them the experience they will need for diagnosing and treating the disease," says Dr. Hong.

The first step in treating any disease is diagnosis, but experts continue to disagree about what represents serious problem drinking. The severity of alcohol abuse depends largely on the degree to which serious medical, social or psychological dysfunctions result. "Our approach emphasizes that alcohol abuse is not predicated on the number of fluid ounces consumed, but the extent to which alcohol disrupts one's social, occupational, and physical (medical) functioning," notes Dr. Hong.

Upon admission to the unit, patients who are physically dependent on alcohol will first undergo detoxification or withdrawal. Chronic alcohol intake results in cellular alteration to which the body adapts and withdrawal reactions may include heightened sensitivity to sensory stimuli, hyperactivity of reflexes, muscular tension and tremor, over-alertness, anxiety, insomnia, and reduced seizure threshold. According to Dr. Reich, the severity of symptoms depends on the intensity and duration of the patients' drinking problem, but, he



says, detoxification needs to be done slowly, often with the help of tranquilizers, and under 24-hour medical supervision. "Alcohol withdrawal used to kill 10 percent of alcoholics because of accompanying complications. An alcoholic who is physically dependent should never try to go off alcohol cold turkey or without medical supervision."

"Alcoholics need to be detoxified for at least a full week before rehabilitation treatment can begin," adds Dr. Hong. "Until they are clear of alcohol, other forms of treatment will not be effective."

Once patients are detoxified, they will embark on a treatment program with a goal of total abstinence. "There are some alcoholics who are able to go back to social drinking and drink moderately, but they are the exception rather than the rule," notes Dr. Hong. "It's unclear why these alcoholics can relearn to drink moderately although we are certain it is not a result of a particular form of treatment. We decided that moderate drinking would not be an appropriate goal for our program."

While most treatment modes for alcoholism rely heavily on AA techniques, the Jewish Hospital unit will combine a number of approaches. "We are not pushing one method," emphasizes Dr. Hong. "Our program will be flexible and tailored to the individual. We also hope to incorporate traditional programs like AA and plan to have AA speakers on a weekly basis."

If the program can be categorized at all, it probably falls under what Dr. Hong refers to as a behavioral/social learning model. In this approach, therapists try to understand exactly how alcoholics reinforce and maintain drinking habits. That understanding is reached by thoroughly assessing alcoholic behaviors. This assessment process is called a functional behavioral analysis, during which each patient is asked

to enumerate the specific reasons and the particular situations in which his or her drinking occurs. Once the individual's drinking pattern is established, a treatment plan can be established through behavioral techniques such as individualized goal setting, role playing, relaxation, and assertiveness training.

"If an alcoholic only drinks on the way home after work, we help the patient modify his or her behavior," says Dr. Hong. "One approach might be to help him plan deterrents for drinking, like leaving work a little early, instead of driving, or having a spouse or friend pick him up at work. Just leaving extra money or credit cards at home can be important deterrents."

It is, says Dr. Hong, extremely important to help each patient set goals to replace drinking. "Usually, drinking has continued for years and disrupted patients' lives to a point that new activities and goals need to be established. They need to plan what they will do during the time they have used for drinking. One individual might begin that by planning family trips again. Another might resume a former pasttime, like playing

tennis. Whatever they may be, it is important that they find healthy substitutions for drinking. When you take away drinking behavior, a tremendous void is left. Something has to be put in its place."

Alcoholics must learn how to avoid alcohol when they are in situations in which drinking is the accepted norm. For example, an alcoholic practices saying "no" when offered a drink or acts out a domestic scene that usually precipitates a drinking binge. "If a recovering alcoholic is in a social situation, such as a wedding where it is the custom to drink and make toasts, declining alcoholic beverages can be extremely difficult," says Dr. Hong. "For instance, someone might ask the alcoholic, 'Why aren't you drinking' or even press the alcoholic to have a drink. What do you do when someone keeps pushing drinks at you?" Alcoholics learn appropriate responses before they are

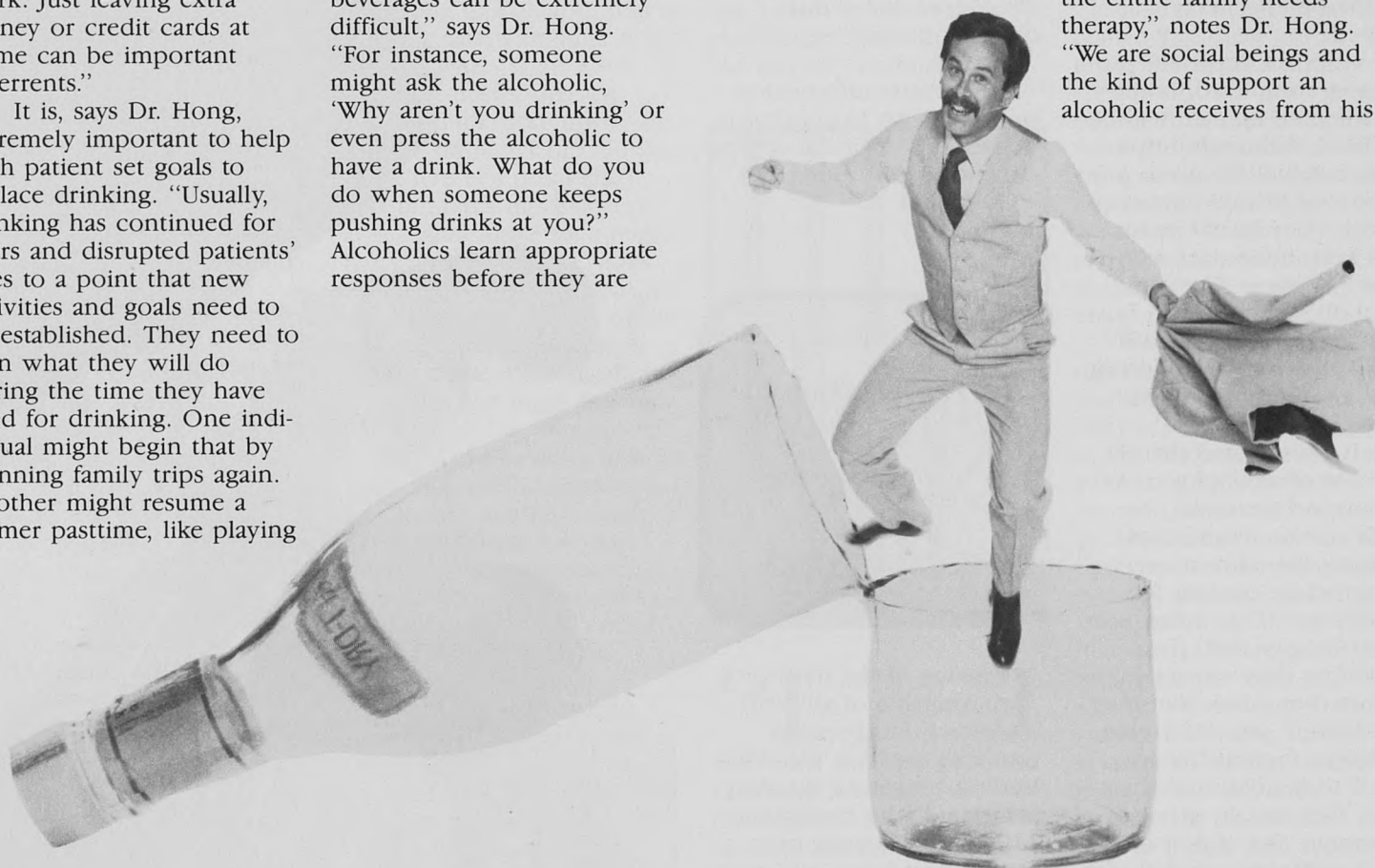
confronted with the situation. In some situations, an alcoholic may be encouraged just to say, "I have a drinking problem. I need to stay away from this."

According to Dr. Hong, some alcoholics have difficulty expressing their needs and frustrations. "Many individuals who drink are angry at themselves for not doing something," he explains. "Like the employee who has an idea or a project which is turned down by his supervisor. Instead of defending it to his boss, he gives up and goes home. Angry with himself, he begins drinking." Through training, alcoholics can develop skills in self

expression and learn to assert themselves better.

Methods of relaxation are often taught to alcoholics who use drinking as a way of reducing anxiety caused by stress or tension. "We learn from an early age to use alcohol in stressful situations," notes Dr. Hong. "In movies and on television we constantly see scenarios where, when someone is upset, his first response is to pour a drink." Through behavioral techniques, alcoholics can be trained to relax without the use of alcohol.

Throughout the inpatient program, the alcoholic's family will be an integral part of treatment. "Alcoholism is a family disorder and the entire family needs therapy," notes Dr. Hong. "We are social beings and the kind of support an alcoholic receives from his



ALCOHOLISM

or her environment is crucial. In the case of an alcoholic father, he may not have been an effective parent for years. Perhaps a wife, son or someone else has taken over some of those functions. As he reassumes his role, the entire family will have to adjust and be supportive." Although the family role is important, Dr. Hong emphasizes that families or spouses should not delude themselves into thinking that they can modify an alcoholic's behavior by themselves. "Alcoholics usually need formalized treatment if they expect to recover. Often, not until the alcoholic is in a treatment program can he or she be effectively helped."

After the inpatient program is completed, outpatient follow up care will be initiated. Although outpatient care will be given primarily by private physicians, Jewish Hospital therapists will keep in contact with their patients. "The gains alcoholics make in the hospital can be short-lived if they don't receive follow-up care after discharge," Dr. Hong emphasizes.

It is estimated that 85 percent of alcohol abusers receive no treatment for their condition and many patients lose almost everything before coming for treatment. "They often ruin everything in their lives, including their marriages, before they admit that they need help," says Dr. Hong. "Work is the last thing to go. If they hold onto their jobs, they usually stay out of treatment. But if they are fired or threatened with the loss of their jobs, that's the thing that will get them into

treatment."

Drs. Hong and Reich are hopeful that the recent shift in emphasis to alcoholism as a medical problem will encourage more alcoholics to seek help, preferably from medically-based treatment centers like the one at Jewish Hospital. But at the same time, they emphasize that, although the outlook for alcoholics is brighter, a great deal has yet to be learned. "We feel confident that treatment is helpful, and often effective," says Dr. Reich. "But we still have a long way to go before we can assure alcoholics of recovery. Although research is ongoing, we are still learning and making new discoveries about this complex disease."

For more information on the Jewish Hospital alcoholism and chemical dependency treatment unit, call 454-8570. ■



It is one of the most preventable of all birth defects, but by some estimates ranks as the third leading congenital disorder associated with mental impairment, following only Down's Syndrome and spina bifida. Called fetal alcohol syndrome, FAS, this irreversi-

ble condition affects infants born to women who consume excessive amounts of alcohol during pregnancy. Because the syndrome was not recognized until 1973, experts can only guess how pervasive it is. Some believe it occurs in as many as one per 200 births. "That is a very high occurrence considering that many genetic diseases have an incidence of only 1 in 10,000 births or less," says Barbara Rohland, M.S., genetic associate, department of obstetrics and gynecology. "It is difficult to determine exactly how often it occurs, because the

syndrome occurs in varying degrees, often with subtle symptoms. As with many genetic syndromes, it may be underdiagnosed."

Although the entire mechanism of FAS is not completely understood, researchers are certain that alcohol poses the potential to create critical hazards for the unborn fetus. When a woman has an alcoholic beverage, the alcohol crosses the placenta to the fetus, and travels through the baby's blood stream in the



same concentration as in the mother's. But, according to Ms. Rohland, the developing, immature system of the fetus is not equipped to metabolize the alcohol and, consequently, the alcohol remains in the fetus' system longer. Alcohol, which is toxic, then may kill or inhibit cell growth. "The same holds true for adults who drink alcohol excessively," notes Rohland, "but they have more cells to spare. In a fetus, cells are still dividing and each one is critical for normal development. If a fetal brain cell is destroyed, it can never be restored and all the cells that would have developed from that cell will never form."

The degree of cell damage is evidenced in the facial features and other characteristics of FAS children. Typically, they have low birth weights and small heads and in most cases, their eyes are smaller in proportion and appear narrow, as though the child is squinting. Theiltrum (space between nose and upper lip) is elongated, giving the child a fish-like appearance. Many FAS children have drooping eyelids, strabismus (crossed eyes) and narrow eye slits. The nose is smaller and turns up slightly at the end with a flatter than average bridge. Most are mentally retarded, but I.Q.s may range from 15 to 100. "FAS is virtually untreatable," says Rohland. "The child may never catch up to normal size and weight, even with good nutrition."

According to Rohland, most physicians now agree on the existence of FAS, but guidelines for alcohol consumption during pregnancy

have yet to be established. "No one knows exactly what a safe level is. It is fairly safe to say that with one ounce or less of alcohol per day there is unlikely to be any recognizable effect. Two drinks daily may result in the infant's decreased birth weight, and with eight to ten drinks per day, a pregnant woman runs a high risk of having an infant with full-fledged fetal alcohol syndrome."

Pregnant women who are concerned about their alcohol intake usually must wait until their infants are born for diagnoses of FAS. Although ultrasound can detect lower-than-average head size and weight, according to Rohland, that is by no means a definite diagnosis of FAS. "If an ultrasound indicates that the fetus is underdeveloped, all we can do is tell the mother that there is a possibility that the fetus has FAS, and at the same time encourage her to stop drinking," says Rohland. "It is important for her to realize that it is never too late to minimize the effects of alcohol. Alcohol can affect the fetus during any time of the pregnancy."

Rohland believes that by increasing public awareness on alcohol as a potentially dangerous drug, the incidence of FAS may decrease. "Many women don't consider alcohol a drug. To most the word 'drug' means heroin, marijuana or cocaine. Alcohol actually may pose a greater threat to the fetus than any of these."

Rohland, who counsels mothers, concedes that FAS poses a particular frustration, because it can be avoided. "People are delivered low blows when they

have children with any type of birth defect, especially those pregnant women who do everything 'right' and take all the appropriate precautions. It takes a great deal of understanding, and patience, to work with a woman who refuses to stop drinking during pregnancy. It is extremely difficult to understand how a mother can willingly harm her baby, but at the same time, one must realize that a woman who abuses alcohol during pregnancy is more unhappy and displeased with herself than you or I can ever imagine. The only assistance we can offer is understanding and counseling. If we can help women stop drinking, however late in their pregnancies, the effects of FAS can be minimized." ■



"If you have a relative who is an alcoholic, you should evaluate your own drinking behavior carefully," says Robert Cloninger, M.D., outpatient director, department of psychiatry, "because genetic factors play a part in the risk of alcoholism in both men

and women."

According to the results of recent research on adopted children conducted by Dr. Cloninger with Swedish researchers Michael Bohman, Soren Sigvardsson, and Ane-Liis von Knorring of the University of Umea, Umea, Sweden, specific combinations of genetic and environmental risk factors must interact before alcoholism can develop in most people. "Inheritance of susceptibility to alcohol abuse implies only that there is resemblance between parents and their children, regardless of whether the underlying mechanism is based on genetic or social influences," says Dr. Cloninger. "It is crucial to realize that there are no genes for alcohol abuse specifically, but only gene coding for structural proteins and enzymes that influence metabolic, hormonal and other physiological processes, which may indirectly modify the risk of alcohol abuse in a particular environment."

For the research, Cloninger and his co-workers studied the records of 2,324 people born out of wedlock in Stockholm, Sweden, from 1930 to 1973. All were adopted at an early age, and by Swedish practice at the time, neither the adoptees nor the adoptive parents were informed about the identity or behavior of the biological parents.

By subdividing the case studies according to the severity of alcohol abuse—mild, moderate, and severe—the researchers were able to isolate two types of alcoholism, each with distinct environmental and genetic causes. Comparison

ALCOHOLISM

of the adoptees' backgrounds indicated that the mild and severe alcoholics had the same type of genetic background, but differed largely in post-natal experiences. The moderate abusers differed in both their genetic and environmental backgrounds from the others. "We hypothesized that there were at least two distinct types of genetic susceptibility to alcohol abuse, and we labeled them milieu-limited (Type 1), the most common, and male-limited (Type 2)," says Dr. Cloninger.

In Type 1 cases, both the biological mothers and fathers had only mild alcohol abuse. But the researchers found that more severe alcoholic disability often occurred in adoptees who were raised in unskilled occupational environments. "We believe that both congenital susceptibility and post-natal environment are necessary for a person to express Type 1 susceptibility," notes Dr. Cloninger. "If there were *either* a congenital diathesis (inborn state) or post-natal environment, but not both, then the risk of alcohol abuse was lower than in the general population." According to Dr. Cloninger, if both occurred in the same person, male or female, the risk was increased two-fold, and the severity of the alcoholic disability was determined by the occupational status of the adoptee's environmental background.

In families with Type 2 alcohol abuse, the biological fathers had had both extensive treatment for alcohol abuse and serious criminality, but the biological mothers had no history of

an excess of alcohol abuse. In the adopted male offspring, alcohol abuse was increased nine-fold, regardless of their post-natal environment. But the researchers found no excess

of alcohol abuse in the adopted daughters. Instead, the women showed a significant excess of somatoform disorders (multiple unexplained physical complaints), typically headaches, back-

aches, and abdominal distress. In explaining these results, Dr. Cloninger suggests that the somatoform disorders and alcoholism may actually represent different expressions of the same problem. "Early data indicates that both these men and women are what we call augmentors, or people with lower pain thresholds. Given pain stimuli, their brain responds by intensifying the pain so that it increases in magnitude. Men who have Type 2 alcohol abuse seem to drink because the alcohol has a dampening effect on the pain. The reason only men exhibit this type of drinking behavior might be because men have had more social permission to drink," says Dr. Cloninger. "But no one knows at this point."

According to Dr. Cloninger, the researchers' findings demonstrate that alcohol abuse is neither socially learned nor genetically determined but requires gene-environment interaction. "Some individuals are more biologically susceptible to alcohol abuse than others but most children of alcoholic parents will not become alcoholics themselves.

"We believe that gene-environment interaction has important implications for our approach to the prevention of alcohol abuse. Although it is still in the future, we may be able to develop an accurate test for susceptibility to alcoholism. In the meantime, the best we can do is educate individuals to recognize any increased risk they may have by considering both their family history and their drinking habits." ■



Alcoholism

AMONG THE AGING

According to William A. Peck, M.D., physician-in-chief at Jewish Hospital and director of the Program on Aging, there is a rising incidence of alcohol-

ism in the elderly segment of our society. "It is commonly held that alcoholism is not a common problem among the elderly," says Dr. Peck. "But one has to recognize that elderly people consume and require less alcohol to become inebriated and debilitated."

Alcohol abuse poses special problems for elderly individuals. It can lead to falling accidents, malnutrition, and stroke (particularly

in individuals who are hypertensive). In addition, they may be suffering from organic diseases for which they are taking drugs or they may be taking antidepressants. "Combining drugs with a significant alcohol intake is extremely dangerous," says Dr. Peck.

The cause of alcoholism in the elderly is largely situational. "When you have an elderly person with no visible support system,

without family or close friends, coupled with financial and legal problems, you have someone who may drink," says Dr. Peck.

To assist elderly alcoholics, it is important to give psychological and social help by providing them with a supportive social system. The process might entail removing them from isolated living situations by encouraging them to live in retirement communities, finding home help through agencies like Jewish Hospital's Program on Aging, to join Alcoholics Anonymous, and to help them become involved in daily activities or group endeavors outside the home. Certain treatment centers now specialize in alcoholism in the elderly. "It is essential that the elderly alcoholic's living situation is altered if he or she is expected to maintain abstinence from drinking," stresses Dr. Peck. "If the same situation that accentuated his or her propensity for alcohol prevails, that person is just going to go back to drinking."

The first signs of alcohol abuse in an elderly person may be subtle. According to Dr. Peck, alterations in his or her behavior, such as changes in mood, food intake, sleep patterns, weight, or dizziness and falling, may be symptoms of alcohol abuse. If these signs are persistent, friends or family members should help the individual seek medical attention, adds Dr. Peck.

For further information on alcoholism in the elderly, contact the Program on Aging, 454-8150 or 454-7775. ■





With the fitness boom of the last decade, and a growing enthusiasm for athletic activities, larger numbers of weekend sports enthusiasts are taking part in popular recreations such as bicycling, running, ice skating, playing tennis and swimming. Although their levels of skill may never match that of tennis champion Jimmy Connors, Olympic sprinter Mary Decker, or shortstop Ozzie Smith,

IN A FIELD BY ITSELF

by Sharon Zaring

recreational athletes approach their activities with the dedication of the pros. "This new breed of athletes," notes Robert C.

Lander, M.D., Jewish Hospital attending physician and orthopedic surgeon, "need and are demanding sports medicine which is no longer

exclusively for the high performance athlete." Medical care has always been available to recreational athletes, but the primary focus, adds Dr. Lander, has been on professional, collegiate and Olympic-bound athletes.

Coupled with the increasing number of recreational athletes have been advances in the field of sports medicine. "Sports medicine has changed primarily in the same way that medicine in general has

changed," says Stanley London, M.D., team physician for the St. Louis Baseball Cardinals and a practitioner of sports medicine for 30 years. "At one time athletic injuries were classified in more general terminology. For instance, an injured ankle or shoulder was typically referred to as a sprain. But innovations in procedures have enabled physicians to diagnose injuries more clearly. Now, we can be more specific as to what the problems are." Drs. London and Lander are just two of several Jewish Hospital attending physicians who specialize in the field. Although their medical practices encompass a broad spectrum of patients, many of whom are treated for non-athletic medical problems, each, through his association with professional or collegiate teams, has a special interest in treating the athlete. Now, with new legions of athletes their expertise in preventing and treating injuries is in ever greater demand by the St. Louis community.

The Mental Playing Field

The philosophy of the Jewish Hospital sports medicine practitioner is that the treatment of individuals with athletic injuries should not be markedly different from treatment for other orthopedic injuries. According to Jerome Gilden, M.D., orthopedic surgeon and professor of medicine, Washington University School of Medicine, what separates sports medicine from the treatment of other injuries is the medical and psychological management of the athlete/patient. Dr. Gilden, who has been

the team physician for the St. Louis Hockey Blues since 1967, believes that the athlete/patient has unique needs and any course of treatment must respond to them. "We have known for years that professional athletes are extremely motivated individuals," says Dr. Gilden. "When they suffer injuries, they want to recover and return to their sports—their livelihoods—as soon as possible. Other patients, as well, want to recover and return to work, but professional athletes are more impatient about recovery. In the course of treating them, the sports medicine practitioner has had to be sensitive to the athlete's desire for early rehabilitation."

Addressing that need has meant that the physician might alter what is considered the established "norm" for treatment of orthopedic injuries (those which involve the function of any of the body's extremities and spine). One of Dr. Gilden's earliest experiences in his sports medicine career was in treating a young hockey player who underwent surgery for a knee injury. "I prescribed the standard course of treatment for his injury," recalls Dr. Gilden. "He was put in a non-weight-bearing cast and I scheduled him for an office visit six weeks later. Instead, he returned in four weeks with the cast completely worn through on the foot." The athlete went on to optimum recovery and was able to resume playing hockey. "I learned at that point, and in subsequent situations, that in many cases an earlier return to activity was possible. Today,

we are finding that the weekend, or recreational, athlete has the same common denominator of motivation and the same principle can be applied to him or her."

Jordon H. Ginsburg, M.D., Jewish Hospital attending physician and the team orthopedist for the St. Louis Football Cardinals, concurs. "Understanding the athletes' psyches as well as repairing their bodies is what sports medicine is all about. The sports medicine practitioner must appreciate why it is important for the weekend athlete to improve his athletic performance. For



Dr. Jerome Gilden

instance, a runner might be concerned because he can't improve his running distance from 10 to 15 miles a day, even though he has been running 10 miles successfully every day for five years. The difference of five miles might seem insignificant, but it is important that the sports medicine practitioner appreciate how important activities are to recreational athletes. If there is any way that I can help athletes like that runner, I will."

Sporting Behavior

The interest in sports has caused a flooding of the market with information on

the relationship of food, conditioning, training and athletic injury prevention. Bernard T. Garfinkel, M.D., internal medicine, and the medical team physician for the St. Louis Football Cardinals, agrees that the fitness boom has helped athletes and people in general by heightening awareness of their bodies and the importance of preventive medicine. As an internist, Dr. Garfinkel, probably more than the orthopedist, sees patients on a preventive basis. "I think it's essential for individuals, especially those in the over-40 age group, to seek medical advice before undertaking vigorous exercise if they have been inactive or if they have any history of medical problems." Dr. Garfinkel advises his patients to undergo thorough physical examinations, often with treadmill stress tests to find out how well their hearts, lungs, blood vessels, joints and skeletal muscles are likely to take strain before they embark on exercise programs. If the tests are completed successfully, Dr. Garfinkel advises the patient on the importance of gradual increments of exercise as well as warming up, cooling down and stretching to protect muscles from injury.

Although taking steps like stretching and warming up will indisputably reduce the risk of injury, physicians caution sports enthusiasts on fads or gimmicks that promise to improve athletic performance. There has been a proliferation of books on athletic diets, but according to Dr. Lander, a balanced diet is adequate for the recreational athlete. "I

SPORTS MEDICINE

think the so-called athlete's diet reflects trends like the Pritikin and Scarsdale diets," says Dr. Lander. "There are as many athlete's diets now as there are weight reduction diets. They are fads that come and go. There may be some advantage to carbohydrate loading before an athletic event but for the recreational athlete, a good, balanced diet works just as well."

Professional athletes are instructed regularly by nutritionists on proper eating habits, but according to Dr. London, the optimum pre-game meal depends on the individual. "Most major league baseball players know what they should eat," he says. "They have learned from experience what kind of diet helps them to perform at their best."

Other questionable sports fads include the use of steroids to promote muscle development, the use of amphetamines and other drugs to heighten the competitive edge, and blood boosting—taking blood from an athlete and preserving it while the body replaces the lost red blood cells. The preserved blood is then reinfused and reportedly increases the blood's oxygen-carrying capacity and the athlete's endurance. Dr. Garfinkel says that there is little evidence that blood boosting actually improves athletic performance.

Appropriate athletic behavior is largely a matter of common sense. Most agree on several precautions, including the importance of dressing sensibly for athletic events according to the season, conditioning, stretching, warming up and cooling down, drinking

unlimited amounts of fluids during activity and never using salt tablets. "Salt supplements probably do more harm than good," says Dr. Lander. "Taken without water, the salt becomes concentrated and can lead to blood clots, kidney failure, heart attacks and strokes."

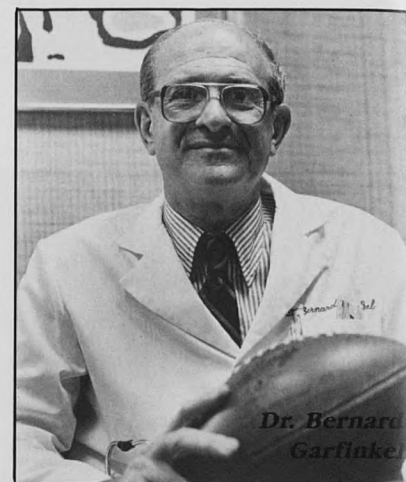
Physicians express even more concern when fitness becomes obsessive, unrealistic and destructive. "Understanding one's limitations is an important factor in avoiding injury," says Dr. Lander. "Often, weekend athletes will watch events like the New York Marathon on television, a professional baseball or football game, and with the Olympics starting this month, they will be seeing amateur athletes perform at very high levels of skill. They become inspired and then they go out on the tennis courts or the softball field and try to imitate collegiate or professional athletes, and that's when they get hurt. They forget that athletes of Olympic caliber have been training for years to reach that level. Weekend athletes are not in that kind of condition."

"Some recreational athletes are so intense that they become almost pathological about their physical activities," says Dr. Gilden. "They are not realistic about their limitations." Running in particular, notes Dr. Gilden, has contributed to health problems. It, unlike sports such as tennis or baseball, where activity occurs in spurts, is continuous exertion and joggers are giving their joints and ligaments a constant pounding with every run.

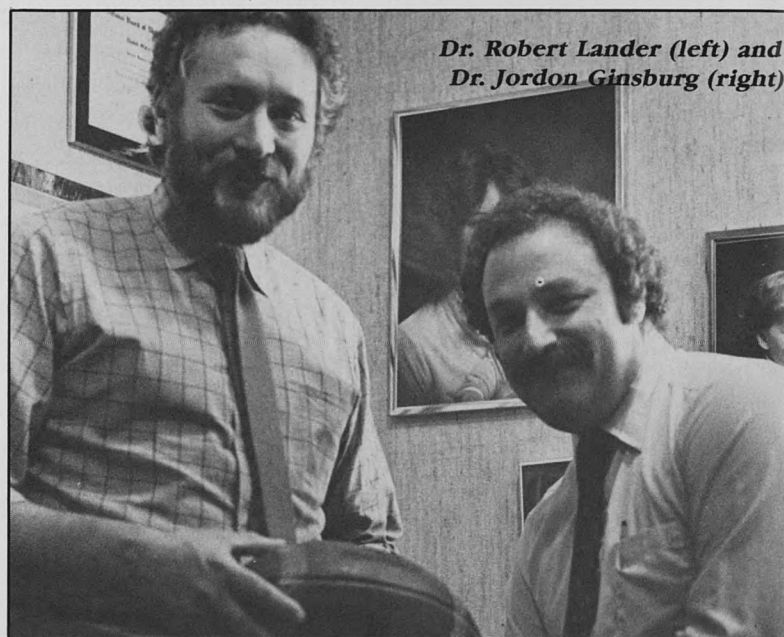
Distance runners seem to approach their activity

with a particular fervor. "They have very strong feelings about what they do," says Dr. London. "It's like going to church or synagogue. It not only builds their bodies, but they develop a great sense of well being."

Also, in order to achieve the desired distance, runners



Dr. Bernard Garfinkel



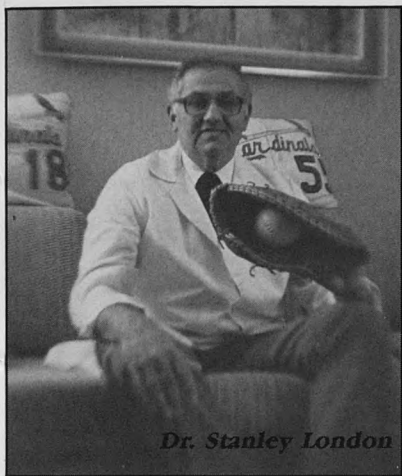
Dr. Robert Lander (left) and Dr. Jordon Ginsburg (right)

are compelled to reduce body fat. Male marathon runners can have total body fat values as low as five to six percent, females, 15 to 16 percent. Below these levels, they are close to their low limits of essential fat. "An extra 10 pounds for runners is like carrying a weight on their backs," says Dr. London. "If they can lose it, they will."

Dr. London believes that excessive devotion to sports is found more often in young and recreational athletes. "Professional athletes have a tremendous commitment to their sports, but it may be a more balanced approach. They've already attained some of their goals by making it to

the pros, but it takes another kind of discipline and dedication to maintain and improve their level of performance." But, he adds, it is very difficult to tell the recreational athlete or the high school athlete who hopes for an athletic scholarship to "take it easy."

One method to help athletes modify their activities, especially if their health is endangered, is to get them involved in less taxing sports. "By funneling their energy into other directions, like bicycling or swimming, we can keep them going," says Dr. Ginsburg. "The sports medicine practitioner has to understand that a person who has devoted two hours three times a



Dr. Stanley London

MEETING A NEED—

The need to treat St. Louis' recreational athletes led Dr. Lander and Dr. Ginsburg to start a clinic for orthopedic and athletic injuries.

Scheduled to open September 1, the Midwest Orthopedic and Sports Medicine Clinic will be located at Ballas Parkway Medical Center in Creve Coeur and will utilize the services and facilities of Jewish Hospital. According to Dr. Ginsburg, the decision was based partially on the close affiliation of the partners with Jewish Hospital. "Jewish Hospital has excellent facilities and equipment for the practice of sports medicine," says Dr. Ginsburg. "The hospital has kept abreast of new instrumentation that is used for orthopedic surgery, especially in arthroscopy, a procedure which is increasing in sophistication so rapidly that instruments we were using just two or three years ago are outdated. That kind of support is

week to an activity has a certain commitment.

Ticket to Wellness

The most beneficial

development for the professional and recreational athlete in the last two decades has been the diagnosis and treatment of joint injuries, particularly of the knee. With the introduction of arthroscopy, a diagnostic and surgical tool, physicians can more accurately diagnose and treat knee injuries. The arthroscope, a metal tube with a fiberoptic light (small lensed light source made of plastic fibers that transmits images) is inserted

essential."

Drs. Lander and Ginsburg also feel that Jewish Hospital's rehabilitation and physical therapy services benefit patients who suffer from sports-related medicine injuries, such as back, shoulder and knee injuries. "The physical therapy department is very interested in sports injury rehabilitation and in maintaining state-of-the-art equipment for pitching problems, running disabilities, and back problems," adds Dr. Ginsburg. "With the opening of the Chai House outpatient physical therapy facility in Creve Coeur, we can even better serve athletes who live in the county." (Located on the Millstone Campus near the intersection of Lindbergh Boulevard and Schuetz Road, the Chai House facility is operated by Jewish Hospital's rehabilitation medicine department (see the May/June, 1984, issue of 216, "Let's Get Physical Therapy," page 33).

through a small puncture, directly into the joint. Through it, physicians can look for torn ligaments or cartilage, calcium deposits,

bone chips or spurs. As soon as the diagnosis is made, if arthroscopic surgery is required, the surgeon inserts surgical instruments through the tube and repairs the damage. The development of arthroscopy has, according to Dr. London, made diagnoses more accurate, and surgery safer. It has also reduced the length of rehabilitation time for knee surgery. Previously, a knee operation entailed a three-inch incision across the muscle and joint. Now, the surgery can be performed through a puncture hole approximately three millimeters wide. "Before," says Dr. Ginsburg, "you not only had to rehabilitate the injury inside of the knee but also the muscle and joint that were cut into surgically in order to get to the injury." That rehabilitation meant a hospital stay of at least one week. Today, it rarely lasts more than two days.

With rising health care costs and tightening federal controls on the length of a patient's stay, advances in orthopedic surgery are also proving to be cost effective measures. "Now," says Dr. Lander, "ninety percent of all arthroscopic surgery and 60 to 70 percent of total orthopedic surgery is performed on an outpatient basis." Although treatment for other joint injuries has lagged behind knee repair, both Drs. Lander and Ginsburg hope that athletes who suffer from debilitating shoulder injuries will soon have the same benefit of safer and less costly treatment. "Arthroscopy has not been as effective in the treatment of shoulder injuries," concedes Dr.

Lander. "But the present state of treatment for shoulder injuries is at the same point that knee operations were just three to four years ago. If advances continue at a rapid rate, and I expect that they will, effective treatment for other injuries may be available to athletes in the near future."

The Name Of The Game

With the advances in caring for athletic injuries, the sports medicine physicians' role is crucial. He must keep pace with a rapidly changing field but at the same time, he must be realistic on how much can be done for athletes. To remind him of his fundamental role, Dr. Gilden composed his own summation of the sports medicine physician's function titled "The Name of The Game." According to Dr. Gilden, the name of the game, the cornerstone of sports medicine, is confidence of the athlete. Having that quality depends on three factors: physical well being, competence (the ability to perform athletic skills), and psyche (the mental confidence or desire to win). "The essential responsibility of the sports medicine physician is providing the first category. We help to ensure that athletes are as physically healthy as possible to perform their activities," says Dr. Gilden. "Then it is up to the individual to put the other elements together." ■

For further information on the services that Jewish Hospital offers in rehabilitation for athletic injuries, contact the physical therapy department at 454-7750.

The sixteenth annual Associates in Medicine dinner meeting, held May 2 at Top of the Sevens, was highlighted by the presentation of two—as opposed to the traditional one—gifts to the hospital and an anecdote-filled after-dinner talk by guest speaker Al Wiman, medical/science editor for KMOX-TV.

Approximately 140 Associates gathered at the restaurant more than 20 stories above Clayton for cocktails, hors d'oeuvres, piano music and a panoramic view of the city on a spring evening before the dinner and meeting began. Dinner, a choice of salmon or chateaubriand, was served to guests seated at tables with a blue and yellow color scheme.

Thomas Lewin, president, gave the AIM annual report, noting the success of the year's lecture programs on open-heart surgery, fitness medicine, aging, and anesthesia. The highest number to ever attend an AIM program was recorded at Dr. William A. Peck's talk on aging, Lewin noted.

Gifts were presented to past board members Jerome Goodman, Beverly Kaufer, Robert Kaufman, M.D., Earl Kessler, and Ronald Ross, "as a token of our thanks for their contributions these past years," said Lewin. He then presented the 1984 President's Award to incoming vice president Terri Purviance, "for her efforts toward promoting the objectives of the Associates."

Prior to presenting the gifts, nominating committee chairman Kenneth Langsdorf moved to elect the slate of new AIM board members by

AIM-ING FOR THE TOP

acclamation. The motion passed, approving the new board members Ron Abeles, Kenneth Cohen, Selma Dennis, Norman Druck, M.D., Walter Glaser, Randy Hammer, Ph.D., Stephen Kamenetzky, M.D., Paul Lux, Gene Pattiz, and JoAnn Steinbaum.

Past-president Ronald Ross presided over installation of officers for the 1984-85 term elected at the March 28 board of directors meeting. They are: Thomas Lewin, president; Leonard Krane, vice president; Terri Purviance, vice president; Marvin Kasnetz, secretary; and Linda Mantle, treasurer.

The Associates' annual gifts to the hospital were presented by project com-



AIM officers installed at the annual meeting by past president Ronald Ross are (left to right) Tom Lewin, president; Terri Purviance and Leonard Krane, vice presidents; Marvin Kasnetz, secretary; and Linda Mantle, treasurer.



Top: The AIM annual meeting became a family affair for the Cohens. At left is Kenneth Cohen, new AIM board member installed at the meeting; at center is Mrs. Ethyle Weinstein, Cohen's grandmother and mother of AIM member and member of the original AIM board Shirley Cohen, right. They are visiting with Sandy Nations, second from right. Above: Guest speaker KMOX-TV medical/science editor Al Wiman spoke on his diverse reporting experiences.

mittee chairman Leonard Krane. A check for \$12,000 toward the purchase of a Doppler echocardiograph

was accepted by William A. Peck, M.D., physician-in-chief, and Robert Kleiger, M.D., acting director of

cardiology. Dr. Kleiger, in accepting the gift, explained how the Doppler echocardiograph works. Like standard echocardiography, the Doppler creates an image of the heart generated by sound waves monitored through a non-invasive technique. "You have all heard the Doppler effect on soundwaves—whether you know it or not," he commented. "When you hear the change in sound when a train whistle approaches and then departs, that is the Doppler effect." The Doppler measures soundwaves to evaluate the blood flow and velocity in the heart valves. Dr. Peck joined Dr. Kleiger in thanking the Associates for their valuable contribution to the cardiology department.

In addition, the Associates donated a patient transport vehicle. The cart, which will bear the license plate "AIM," will transport patients from Jewish Hospital to other medical center facilities for specialized

treatment via the recently completed bridge joining Jewish Hospital with the other medical center institutions. Melba Kiger, director of central supply and dispatch services, accepted the gift and said, "This will help our employees make more efficient use of their time and transport our patients more comfortably."

Guest speaker Al Wiman was introduced by Lewin as "a great friend of Jewish Hospital." Wiman opened his talk with recollections of his many assignments at the Washington University Medical Center. "I am truly amazed at the medical and research resources available in St. Louis. It continually bowls me over to realize the caliber of work that is going on. I have appreciated the opportunity to learn from the people in medicine and science in this community and I hope we put out good and factual information on your work."

Wiman also told of interviewing broadcasting legend Edward R. Murrow, who had a voice, he said, "like the bottom of a whiskey barrel." At the end of the interview, Wiman asked Murrow what he considered to be the most important attributes of a reporter. According to Murrow, they were to be lucky, to take the job seriously, to not take oneself seriously, and to develop the ability to say what he sees as the truth. "I've tried to follow that advice as best as I could," concluded Wiman.

For information on becoming a member of the Associates in Medicine, please call 454-7239. ■

GIVING IN STYLE

"This Auxiliary is incredible," Harold Blatt, chairman of the Jewish Hospital Board of Directors, told the capacity audience at the Auxiliary's annual spring meeting, held April 25 at Meadowbrook Country Club.

Mr. Blatt's comment followed the annual report of Auxiliary President Marcia Shapiro (Mrs. Robert E.), during which she enumerated the most recent special gifts provided to the hospital by the Auxiliary: equipment totalling \$35,500 for the department of radiation oncology, which includes a new treatment couch for the cobalt machine, a superficial treatment machine used for skin cancers, and other treatment materials; a donation of \$100,000 being used to help establish a new cardiac catheterization lab to supplement the existing facility; an attachment for the laproscope hysteroscopy, which will allow the teaching physician and student to view the female organs at the same time, and a Leisgang colposcope, which helps determine the severity and method of treatment of cervical cancer, purchased with \$12,900 designated for the department of obstetrics/gynecology; and a gift of \$10,000 for the Medical Library.

Mrs. Shapiro also announced the provision of \$10,000 to help support an Israeli doctor in a training program at Jewish Hospital. He will spend one year doing primary research on colon and rectal cancer, and then enter a training program as a fellow in colon and rectal surgery. When he

returns to Israel after his special two-year education, he will be the first fully-trained, board-certified, colon and rectal surgeon in Israel.

To emphasize the Auxiliary's tremendous success in raising funds for Jewish Hospital, checks totalling \$363,032 were presented to hospital President David A. Gee by the chairpersons of the fund raising committees. Bett Jasper (Mrs. Barry) and Susie Bernstein (Mrs. Robert) handed in \$4,338.71 from First Foto; Helene Goldstein (Mrs. Irving), \$11,442.96 for Clover Creamery; Nancy Wolfheim (Mrs. Richard) and Shirley Librach (Mrs. Sidney), \$12,900 for



Clockwise from the upper left: Neiman-Marcus presented models of spring couture...On the new Auxiliary executive board are (seated) Sharon Rosenblum (Mrs. Jeffrey A.), vice president, membership services; Marcia Shapiro (Mrs. Robert E.), president; Esther Blumoff, vice president, fund raising services; Joanne Abell (Mrs. John P., Jr.), vice president, volunteer services; (standing) Susan Levin (Mrs. Robert L.), financial secretary; Madeline Monat (Mrs. Seymour), director; Audrey Shanfeld (Mrs. Clifford), director; Letty Korn (Mrs. Jeffrey), assistant recording secretary; Selma Gidlow (Mrs. Elmer), director; Jane Sitrin (Mrs. Harold), assistant corresponding secretary; Donna Nussbaum (Mrs. William L.), director; Robyn Mintz (Mrs. Daniel), treasurer; Joan Goldstein (Mrs. Mark), corresponding secretary; Margie Horowitz (Mrs. Merle), recording secretary; Rosalie Chod (Mrs. Leonard), assistant treasurer. Not pictured is Cecilia Spivack (Mrs. Alan), assistant financial secretary...Hospital President David A. Gee gladly accepts a check from Bett Jasper (Mrs. Barry)...Attendance gifts are offered by Joe McElroy of Neiman-Marcus...Audrey Shanfeld installs new officers Madeline Monat, Donna Nussbaum, Letty Korn, Margie Horowitz, Rosalie Chod, Sharon Rosenblum and Joanne Abell.



Daniel S.), treasurer; Rosalie Chod (Mrs. Leonard), assistant treasurer; Margie Horowitz (Mrs. Merle), recording secretary; Letty Korn (Mrs. Jeffrey), assistant recording secretary; Madeline Monat (Mrs. Seymour), director, and Donna Nussbaum (Mrs. William L.), director. Mrs. Shanfeld was appointed to fill a one-year unexpired term as director.

In appreciation of the work being done by the Auxiliary, Joe McElroy, vice president of the Neiman-Marcus Corporation, which provided the day's entertainment, presented Mr. Gee with a \$1,000 donation, and awarded door prizes.

Beauty filled the rest of the afternoon's celebration, a "Fashion Imprint" prepared exclusively for the Auxiliary by Neiman-Marcus of Plaza Frontenac in honor of the store's tenth anniversary. One of only two shows produced outside the store, the choreographed extravaganza featured 18 models showing off summer playwear and dresses, bikinis and sequined evening clothes. Along with designs by Perry Ellis, Ungaro, Neil Bieff and Chanel was a premier presentation of the Italian Fendi Collection to be carried solely by Neiman-Marcus.

The glitter of the show put a finishing shine on the importance of the day co-chaired by Rosalie Chod (Mrs. Leonard) and Kay Loomstein (Mrs. Arthur): recognition of the continued achievements of the Auxiliary. As Mr. Blatt remarked, "The organization is one of the reasons the hospital maintains its vitality, credibility and solid position as a health care provider." ■



Cooking in Clover; Carolyn Bloom (Mrs. Martin J.), \$33,188.25 for Clover Garden; Letty Korn (Mrs. Jeffrey), \$107,000 for the Gift Gallery; and Selma Gidlow (Mrs. Elmer), \$194,162.29 for the Tribute Fund. The importance of the hospital volunteers was also acknowledged, as Elaine Friedman (Mrs. Barry), chairman of the volunteer committee, presented a check representing 58,673 hours.



In accepting the gifts, Mr. Gee commented that the Auxiliary had once again outdone itself in service, and he praised its leadership for their unselfish dedication and support.

Part of the day's business included the installation by Audrey Shanfeld

(Mrs. Clifford) of women who will continue as or become part of that leadership. Sharon Rosenblum (Mrs. Jeffrey A.) began a two-year term as vice president, membership services; Joanne Abell (Mrs. John P. Jr.), vice president, volunteer services; Robyn Mintz (Mrs.

TIMEY TRIBUTE

In 1983, they logged 58,673 work hours at the hospital. As a group, they comprise 250 members of the hospital force, contributing their talents and expertise to approximately 30 departments. Although they do not receive a salary, these individuals are professionals in their own right. They are the Jewish Hospital volunteers, a vital group of individuals who are proving to be as valuable in the delivery of health care services as the paid employees.

During Volunteer Week, April 30-May 5, five consecutive luncheons were held in the Brown Room to recognize the volunteers. Gold pins were presented to those who have reached increments of 500 hours in their volunteer careers. Bert Brand, a volunteer in the Clover Garden, captured top honors by accumulating 19,000 hours of volunteer time—equivalent to 10 years of full-time work.

"Volunteers add a special dimension to the hospital," says Elaine Levinsohn, director of volunteer services. "It is certainly one of the reasons that the hospital has warmth. The departments they work in have extra depth because of their efforts."

Anyone who is interested in becoming a Jewish

Hospital volunteer may contact Ms. Levinsohn at 454-7130. Volunteers are interviewed to match their skills and interest with positions available in the hospital.



Top: Back Row, left to right, Marilyn Zimbalist, Gus Abrams, Nate Burack, Irene Sherman; Front row, left to right, June Bierman, Margot Prinz, Jean Kislinger, Blanche Freed, Vica Goodman, Sylvia Stern, Freida Schramm. Above: Top Row, left to right, Esther Blumoff, Joan Sherman, Margie Abrams, Lorraine Tucker; Front row, left to right, Mildred Lasky, Rose Tureen, Ruth Berstein, Marge Levitt, Ethyle Weinstein, Sol Reimann.

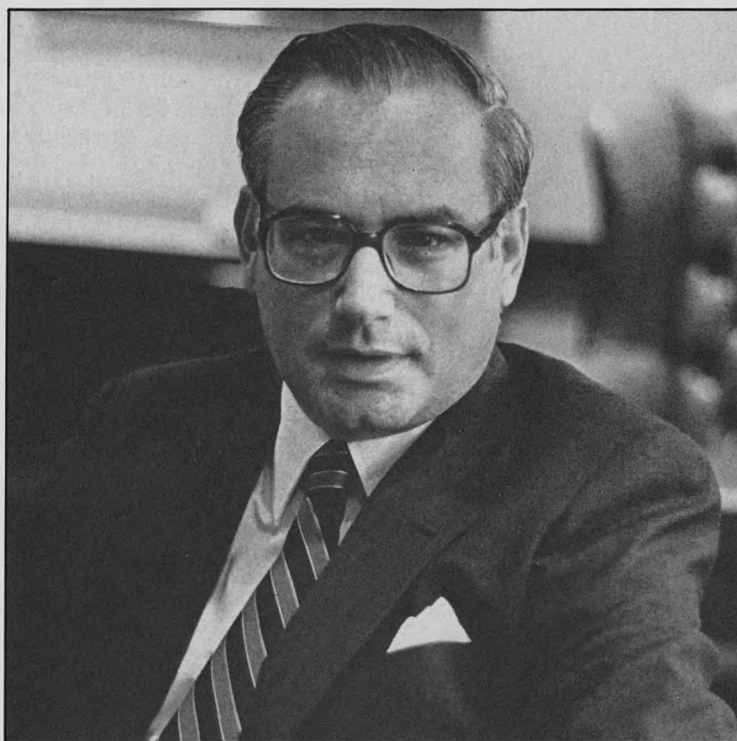


At left: Top row, left to right, Natalie Kleinfeld, Nanette Holtzman, Sophronia Boyd; middle row, left to right, Esther Kneznekoff, Sharon Rosenblum, Eve Steinberg; front row, Esther Spitzer. Below: Left to right, Norma Cherry, Pam Toder, Robyn Mintz, Eileen Harsch, Carolyn Bloom, Aida Navack, Bobbie Blum.



At left: Back row, left to right, Donna Nussbaum, Marcia Shapiro, Myra Tenzer, Letty Korn; Front row, left to right, Pearl Goldstein, Nancy Cole, Esther Friedman, Ida Goldstein, Mike Levy, Linda Rich, Bert Brand.

VIP PROFILES



Jerome T. Loeb

Jerome T. Loeb, who joined the Jewish Hospital Board of Directors in January of this year, is one of those individuals who believes that it is the duty of citizens and the responsibility of businessmen and women to take an active part in the community. A former board member and treasurer of the Jewish Center for Aged and The Nursery Foundation, Inc., Mr. Loeb also serves at present as board member and treasurer of Junior Achievement of Mississippi Valley, Inc., a member of the Economic Policy Council of the

United Nations Association of the USA and a trustee of John Burroughs School.

In becoming involved with the hospital, Loeb is carrying on a family tradition: his mother spent many years in active involvement with the Jewish Hospital Auxiliary, having served as president in the early 1950s and as chair for one of its Clover Balls. His wife Carol is a former director and officer of the organization. He succeeds a great uncle who at one time sat on the board, and both he and his wife and their two children were born at

Jewish Hospital.

To become familiar with the hospital by being involved on the board of directors, Loeb joined the Finance and Audit Committees, whose work parallels the area of his business experience. Since 1981 he has been executive vice president, chief financial officer, for The May Department Stores Company. A 20-year employee of the corporation he joined at Famous-Barr, he served in several financial capacities there corporately and spent two years in Washington, D.C., as executive vice president, finance, for May's Washington/Baltimore-based division, The Hecht's Co., before returning to the corporate office in 1979, as executive vice president of corporate development.

In addition to the direct contribution of his professionally-gained knowledge, his experience in working with non-business organizations displaying a diversity of objectives will be an asset in his tenure with the Jewish Hospital board. He looks forward to participating in the issue of "the balance between medical services and costs, a concern of the business community. I see comprehensive processes in place in the way the board works, and it is apparent why Jewish Hospital is well recognized to be a premier institution serving a vital need. I joined the board anticipating an active role." ■



JEWISH HOSPITAL NEWS BRIEFS

Marc Abrams, DDS, attended a meeting on "Current Clinical and Legal Issues in General Medicine" sponsored by Beth Israel Hospital and held in Vail, Colorado, March 24-31.

Jerome Aronberg, M.D., was elected president-elect of the Missouri state Dermatological Society for 1984-85.

Morton A. Binder, M.D., attended a National Institute of Aging meeting on "The Teaching Nursing Home" March 25-27 in Washington, D.C. Dr. Binder was elected president-elect of the Central Eastern

Missouri Peer Review Organization (CEMPROC).

Gordon Bloomberg, M.D., was appointed associate professor of clinical pediatrics at the Washington University School of Medicine, effective July 1.

William Catalona, M.D., presented papers on "Upper Tract Tumors; Pathogenesis and Clinical Implications of Carcinoma *in situ*," "Prognostic Value of Regional Lymphadenectomy," and "Total Prostatectomy: Technique with Preservation of Potency" to the American Urological Association

Northeastern Section Seminar April 6-8 in Toronto, Canada. He gave a course on "How I Manage Prostate Cancer Stage-By-Stage" and presented a paper on "Staging of Prostate Cancer" at the American Urological Association Annual Meeting May 5-10 in New Orleans, Louisiana. He presented a paper on "Studies on Intravesical BCG" at the Urology Research Society Meeting May 10-13 in Durham, North Carolina. Dr. Catalona coauthored a paper on "Indications for Total Prostatectomy" published in a 1983 issue of *AUA Update* series.

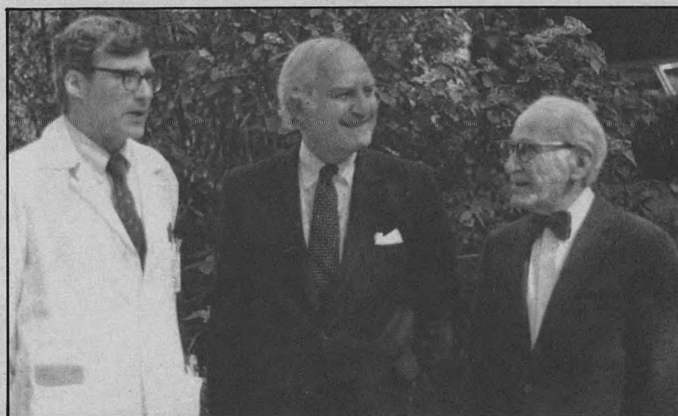
Murray Chinsky, M.D., attended the Phi Delta Epsilon medical fraternity national convention April 24-29 in Cleveland, Ohio, where he was elected secretary of the board of trustees.

Thomas Covey, M.D., copresented a paper on "Hyphosphatemia after Enteral Feedings" to the Missouri Chapter of the American College of Surgeons on June 8-9 in St. Louis.

Raymond Dean, Ph.D., published a paper "On The Multivariate Analysis of Clinical Group Profiles" in the April 1984 *Journal of Consulting and Clinical Psychology*. Dr. Dean also spoke before the National Council for Exceptional Children on "Interaction of Neurological and Emotional Variables in the Treatment of Exceptional Children" during April in Washington, D.C. He was recently elected executive council member of the Federation of Behavioral, Psychologic and Cognitive Sciences for 1984-86.

Norman Druck, M.D., attended the Pan-American Symposium on Septorhinoplasty in Miami Beach, Florida, March 23-24.

Robert Fry, M.D., spoke



GUEST EXPERTISE—

Alexander J. Walt, M.B., Ch.B. (bachelor's degrees in medicine and surgery from his native South Africa, equivalent to our M.D. degree and specialty affiliation), addressed the Jewish Hospital Waldheim Department of Surgery as the J.G. Probststein Visiting Professor of Surgery for 1984 on May 4 and 5.

Dr. Walt, Penberthy Professor of Surgery and chairman of the department at Wayne State University School of Medicine in Detroit, Michigan, is an international authority on abdominal surgery. He addressed the faculty, alumni, students

and guests on "Hepatic Injuries" on May 4 and "Pseudocysts of the Pancreas in the Light of Newer Technology" on May 4 in the hospital's Steinberg Amphitheater.

According to Gordon W. Philpott, M.D., chairman of the Waldheim Department of Surgery, "The visiting professorship was established in 1964 with the generous support of Mrs. Leon J. Leonson and was named in honor of Jacob G. Probststein, M.D., one of our most active and senior general surgeons." Dr. Philpott (left), and Dr. Probststein (right) spoke with Dr. Walt (center) prior to his first lecture Friday, May 4.



PEP RALLY—On May 6, nearly 650 people attended a symposium on Parkinson's Disease, presented by nationally-known experts on the disease. For two hours, neurologists Manford Muentner, M.D., Mayo Clinic and Medical School, Rochester, Minnesota; George W. Paulson, M.D., chairman of neurology, Ohio State University; John G. Nutt, M.D., University of Oregon; and Erwin B. Montgomery, Jr., M.D., Jewish Hospital attending physician and assistant professor of neurology, Washington University Medical School, discussed the disease process and new developments in treatment. The symposium, sponsored by the United Parkinson Foundation of Chicago (UPF) and the Jewish Hospital Auxiliary, was one of four patient/family educational programs being conducted by UPF throughout the

United States. William M. Landau, M.D., chairman of the Jewish Hospital department of neurology, served as moderator.

Dr. Montgomery opened the seminar with a general discussion of Parkinson's Disease followed by a report from Dr. Muentner on current methods of treatment. Treatment for Parkinson's disease has been most successful through a drug treatment program, said Dr. Muentner, typically with the drug levodopa to replace deficiencies of dopamine. In a presentation on the social and personal impact of Parkinson's Disease, Dr. Paulson dispelled common misconceptions associated with the disease, typically that people who develop Parkinson's are obsessive, compulsive, or meticulous people. "Parkinson's patients have few common social/psychological characteristics," said Dr.

Paulson, "although the disease tends to be more common in caucasians with a slight predominance in males. Patients tend to be healthy, non-smokers, non-drinkers with stable marriages." The symposium closed on an optimistic note with a report from Dr. Nutt on research for future therapies.

Parkinson's Educational Programs (PEP), sponsored by the Jewish Hospital Auxiliary and organized by Chairperson Susan Levin (Mrs. Robert), meet three times a year in the hospital's Steinberg Amphitheater. The National Parkinson Foundation provides a toll-free telephone number. It operates Monday through Friday, 8 a.m. to 4 p.m., at 1-800-327-4545.

For further information on PEP programs contact the department of volunteer services at 454-7130.

on "Perianal Crohn's Disease" at the Mercy Hospital Medical Center in Des Moines, Iowa, on April 18.

Michael Gast, M.D., along with K. Heiling, J. Willand and G. Hortin, published a paper on "Variable Denaturation of Ovalbumin by Amino Acid Analogs" in the January 30 issue of *Biochemical and Biophysical Research Communications*. Dr. Gast spoke on "Premenstrual Syndrome" to the Mineral Area Osteopathic District Meeting on April 7 in Flat River, Missouri. He was reappointed to the Governor's Child Welfare Advisory Task Force for 1985-86.

Jerome Gilden, M.D., attended the Mid-America Orthopaedic Association clinical and scientific presentation held April 24-28 in Bermuda.

Jordan Ginsberg, M.D., attended the American Academy of Orthopedic Surgeons meeting on "Winter Sports Injuries" held March 19-24 in Steamboat Springs, Colorado.

Irving Gottesman, Ph.D., received the Mortimer B. Goodman Award from the Missouri Alliance for the Mentally Ill as "the mental health professional who has been most helpful to the Alliance during the past year" on April 14 in Clayton.

Jerome Grosby, DDS, spoke on "Cardiovascular Effects of Dental Treatment" and "Dental Care for the Cardiac Patient" to a group of senior citizens at the Stupp Memorial in Tower Grove Park on May 18.

Dov Kadmon, M.D., was awarded a research career development award from the National Cancer Institute that provides salary support for five years while Dr. Kadmon pursues his work with prostate cancer.

Steve Kamenetzky, M.D.,

was elected to the board of directors of the Missouri State Ophthalmological Society.

Harry Knopf, M.D., will publish a letter on "Unusual Reaction to Hydrogen Peroxide in a Contact Lens Wearer" in an upcoming issue of the *American Journal of Ophthalmology*.

Ronald Krone, M.D., coauthored a paper on "Mild Myocardial Inflammation Presenting as Congestive Cardiomyopathy Responsive to Immunosuppression" that was published in the April 1984 issue of the *American Heart Journal*. Dr. Krone was elected president of the St. Louis Cardiac Club for 1984-85.

Laurence Levine, M.D., DDS, authored an article on "Scourge of the Seasons: Sinusitis" for the November/December issue of *Health*

Views. He spoke on "DRGs—How to Cope with the System" to the Barnes Hospital ENT Grand Rounds in January. Dr. Levine was also elected a fellow of the American College of Surgeons in October 1983. He attended the International Society for Photocopy meeting on "Documentation in Medicine" in Ft. Lauderdale, Florida, March 22-25.

Alan Lyss, M.D., coauthored a paper on "Presence of Complement-fixing Anti-endothelial Cell Antibodies in Systemic Lupus Erythematosus" published in the 1984 issue of *Journal of Clinical Investigation*. He also coauthored a paper on "Chemotherapy in Advanced Breast Cancer—A General Survey" published in a 1984 issue of *Cancer*. Dr. Lyss attended the American Society of Clinical Oncology meeting

QUIT IT—The Jewish Hospital Smoking Cessation Program began in early June with 18 people in groups of six each. Twelve new participants start every Saturday for the 16-week program that encompasses an initial visit (between 8 a.m. and 12 p.m. on Saturday) and seven group sessions (each held on the same day of the week and at the same time of day). Each group works with the same nurse/counselor for the duration of the program.

All participants must have a physical exam, either by a Jewish Hospital physician, or a private doctor who must complete a referral form to be submitted with the application for participation in the program. The cost is \$150 with a physical, \$120 without. A \$50 deposit is requested after the application has been received; the balance of the

cost is due at the first visit.

While it is based on the use of Nicorettes, approved earlier this year by the FDA, the Jewish Hospital's smoking cessation program is designed also to help people who do not want to use or cannot tolerate the nicotine gum.

Jewish Hospital is also offering an inpatient consult service, by physician request, for hospitalized patients who want to stop smoking. It provides the following services: patient introduction to smoking cessation concepts; evaluation for candidacy for nicotine gum and recommendation to the referring physician; initiation and follow-up for nicotine gum; and follow-up and discharge planning for continued smoking cessation resources.

For more information, call 454-8188.



MUMS FOR MOMS—

Bonnie Filandrions was one of the new mothers surprised with corsages on Sunday, May 13, courtesy of the Jewish Hospital Auxiliary. It was the third surprise the young woman received in a week: Son Andrew, her second, was born three days early, on Saturday, May 12. The previous Wednesday, her husband Gregory was rushed to Jewish Hospital because of a disc problem that made his assistance in Andrew's delivery impossible. Although he was present during his wife's labor, the ordeal was so taxing, he could not leave his bed the next day. Since, in the interests of protecting new-

borns, their mothers cannot leave the maternity floor, the Filandrions could only communicate by telephone.

However, the new mother remained in good spirits. "The nursery nurse was wonderful. She got a Polaroid camera, took some pictures of Andrew and delivered them to my husband. I feel badly for him. But I'm glad the baby was born yesterday. At least today I can relax!" The other women who received the pink carnation corsages prepared by Rochelle Weiss (Mrs. Richard) and delivered on their lunch trays had also delivered in time to truly celebrate on the day reserved to honor them.

on Cancer Research and Treatment held in Toronto, Canada, May 5-8.

Charles Mannis, M.D., spoke on "Sports Medicine and Pre-Season Evaluation" to a group of pediatric nurse practitioners on May 16 in St. Louis.

Barry Milder, M.D., spoke on "Pediatric Lacrimal Dysfunction" to the Optometric Institute March 25 at the University of Missouri—St. Louis Optometry School.

Benjamin Milder, M.D., edited a book *The Lacrimal*

System published by Appleton-Century-Crofts in 1983. Dr. Milder was a visiting professor of ophthalmology at the Washington University School of Medicine in April.

Alan Morris, M.D., participated in a study group on "Anterior Cruciate Ligament" in Steamboat Springs, Colorado, March 15-18. He attended the Arthroscopy Association of North America meeting in New Orleans, Louisiana, March 29-April 1.

D. Michael Nelson, M.D.,



CELEBRATING FELLOWSHIP—Since its beginning less than a year ago, the Fellows of Jewish Hospital has grown to 290 members. On September 23, these benefactors, dedicated to excellence in education, patient care, and medical advancement through scientific research, will be honored at the first annual meeting of the Fellows of Jewish Hospital.

According to Mary

Zorensky, chairperson, the members-only late morning event will feature a special presentation which promises to be of great interest to all. "A national perspective on the future of medicine—what the Jewish Hospital is doing to stay at the forefront of technology and health care delivery and exciting plans for the future are just part of the program."

Membership in the Fellows is open to all who

make a gift, in one sum or in accumulated donations, of \$1,000 or more a year.

Members receive a special gift, hospital privileges and courtesies including complementary valet parking, and tuition free participation in a special series of wellness programs—as well as an invitation to the annual meeting. The greatest benefit for members, however, is the knowledge that they are part of the hospital's success in

improving the quality of life for thousands of people.

These people have expressed their commitment to excellence by becoming members of the Fellows of Jewish Hospital. If you would like to become a Fellow, contact Donald L. Levin, Director of Development, The Jewish Hospital of St. Louis, 216 South Kings-highway Blvd., P.O. Box 14109, St. Louis, MO 63178, 314-454-7250.

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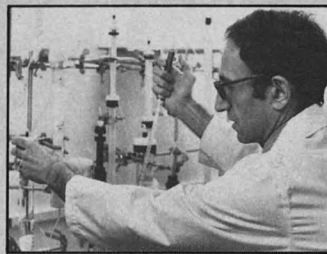


FAIR CHANCE—On May 12, a health fair was held at Emerson Electric World Headquarters. Sponsored by Jewish Hospital and the Red Cross Corporate Health Fair, the event provided health screenings and educational literature for Emerson Electric employees and their families. According to Patti Eisenberg, R.N. "As health care providers, we are not only interested in taking care of sick people but in preventing sickness as well." The fair also made the community aware of the many services available at Jewish Hospital such as home care, dietary outpatient service, the diabetic educational program and the School of Nursing, Ms. Eisenberg added.

spoke to the Society for Gynecologic and Obstetric Investigation on "Glycosylated Serum Protein Levels in Diabetic and Non-Diabetic Pregnant Patients: An Indicator of Short-Term Glycemic Control in the Diabetic" in San Francisco, California on March 22.

Jorge Pineda, M.D., presented a paper on "Purification and Characterization of 20-Hydroxysteroid Dehydrogenase From Bull Testis" to the Society for Gynecologic Investigation meeting in San Francisco, California, March 21-24.

Arthur Prensky, M.D., received the Harriet Cunningham Citation for Meritorious



Dr. Robert Senior

TOP DOCS—The May issue of *Town and Country* presented part one of the magazine's directory of "The Best Medical Specialists in the U.S." Among the hundreds of physicians listed in 12 fields are two of Jewish Hospital's own, Stephen Lefrak, M.D., and Robert Senior, M.D., both lung specialists. Also included on the list are several physicians who admit patients to all Washington University Medical Center hospitals: Leonard Berg, M.D., William Landau, M.D., and Stuart Weiss, M.D.,

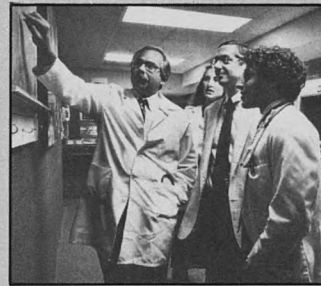
Scientific Writing awarded by the Texas Medical Association. Dr. Prensky spoke at the Southern Illinois University School of Medicine on "The EEG and Childhood Epilepsy" and "Febrile Seizures" March 16.

Timothy Ratliff, M.D., copresented two papers to the American Urological Association Annual Meeting held May 5-10 in New Orleans, Louisiana, "Inhibition of Bladder Tumor Growth by Bacille Calmette-Guerin (BCG): Role of Natural Killer (NK) Cells" and "Intravesical BCG for Superficial Bladder Cancer."

Frank E. Robbins, Jr., M.D., was elected to the Academy of Health Sciences Faculty in Anesthesiology for the U.S. Army in Fort Sam Houston, San Antonio, Texas, February 16.

Michael Rumelt, M.D. attended the 19th Annual

all neurologists; Sidney Goldring, M.D., neurosurgeon; Gershon Spector, M.D., otolaryngologist; Leroy Peterson, DMD, oral surgeon; Allan Kolker, M.D., Edward Okun, M.D., and Ronald Burde, M.D., all ophthalmologists; and David Alpers, M.D., gastro-intestinal disease specialist. Drs. Burton Sobel, Thomas Ferguson, Michael



Dr. Stephen Lefrak

Brooke, and John Delfino, who practice within the Medical Center, and two other St. Louis physicians were named, as well.

Meeting and Scientific Assembly of the American Society of Contemporary Ophthalmology in Orlando, Florida. During the meeting, Dr. Rumelt spoke on "Fundamentals of Computers in Medicine" and "Fundamental Aspects of Choosing A Computer for the Office." He presented papers on "Recognition of Nanophthalmos (a rare form of glaucoma) and Its Complications" and "Simplified Slit Lamp Photography and Videography" at the Missouri Ophthalmological Society Meeting in St. Louis.

Scott Sale, M.D., spoke to the West End Optimist Club on "What's New in Allergy" April 19 at the Bel Air West hotel in St. Louis. Dr. Sale also participated in a panel discussion on "Springtime Allergies" televised on KSDK-Channel 5 on April 17.

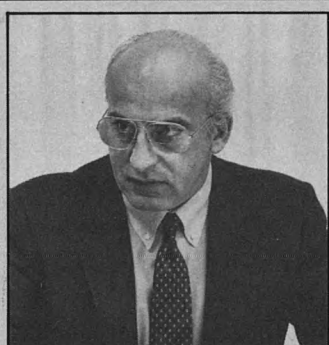
Cyril Sliom, M.D., presented a paper on "Clinical

NEW CHILDREN'S ON THE BLOCK—With the opening of the new Children's Hospital, a sister member of the Washington University Medical Center, a physical link has been established between all medical center institutions. It is now possible to walk, via covered, heated bridges, from Jewish Hospital all the way to the medical school, located at the far end of the center campus. This means easy and comfortable access for patients in need of specialized care, and the medical staff to provide it. Jewish Hospital's new minicart (see article on the Associates in Medicine annual dinner, page 18) will help transport non-ambulatory patients to needed service areas elsewhere in the complex.

The new Children's Hospital facility creates another kind of link, in contiguous state-of-the-art service. Located one block north of the hospital's previous location, it more than doubles the space of the former building. Eight operating rooms allow surgeons to perform surgical procedures on site, rather than at Barnes, as was previously necessary; two operating rooms have been reserved for oral surgery, and there is a 12-bed recovery area. The new 235-bed building also houses 11 diagnostic/treatment rooms for radiology service run by Mallinckrodt Institute of Radiology, 22 intensive care beds, 52 neonatal intensive care beds, a 14-bed child psychiatry unit unique to the St. Louis area, and expanded outpatient clinic areas.

Monitoring of Anesthesia with the Mass Spectrometer" to the Association of University Anesthetists April 2 in Cape Town, South Africa.

Peter G. Smith, M.D., Ph.D., coauthored an article on "Ossicular Chain Reconstruction: The Torp and Porp in Chronic Ear Disease" in a 1983 issue of *The Laryngoscope*. Dr. Smith also coauthored an article on "Thin and Skin-



PECK PICKED—The senior graduating students of the Washington University School of Medicine chose William E. Peck, M.D., physician-in-chief, as the clinical faculty teacher of the year. Dr. Peck, who serves as John E. and Adaline Simon professor in medicine, was elected from more than 30 nominees selected by the student body. He was honored at the 1984 Senior Program, held May 18 at the Chase Park Plaza Hotel, by presentation of a plaque. At the request of students, Dr. Peck was also selected to lead the new doctors in the Declaration of Geneva, which replaces the recitation of the Hippocratic Oath.

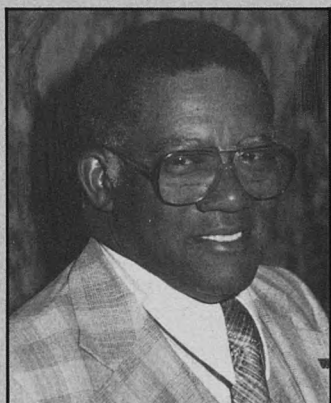
By tradition, the Alumni Association has awarded \$10,000 to the Washington University School of Medicine department of the honoree, in this case, the department of medicine.

Grafted Pectoralis Myocutaneous Flaps: Modifications for Reconstruction of Shallow, Circumferential and Full-

MOVE OVER, JULIA CHILD—The Jewish Hospital Auxiliary's *Cooking in Clover* has sold almost 25,000 copies, is in its fourth printing, and was listed as one of the nation's outstanding cookbooks in the April 1983 issue of *Family Circle* magazine. Having cooked up such success, the Auxiliary has prepared a *Cooking in Clover Book Two* committee, co-chaired by Joanie Goldstein (Mrs. Mark) and Patty Padawer (Mrs. Gerald N.). The committee will be

Thickness Head and Neck Defects" to be published in *Proceedings of the Fourth International Conference of*

sifting through new recipes to concoct a fitting second serving of family favorites. If you would like to add something to the pot, send your recipe to Susie Zimmerman, 736 Audubon, Clayton, MO 63105. Be sure to include your name and phone number, the name of your recipe, ingredients, cooking time and temperature, size and type of container needed, method of preparation and the number of people it serves. All submissions will be thoroughly tested.



AWARDING THE SCOUT SPIRIT—Lorenza Hall, psychiatric technician, received the Hospital Association of Metropolitan St. Louis (HAMSTL) Humanitarian Award for Jewish Hospital in an awards ceremony held June 20. The awards ceremony is sponsored annually by HAMSTL to pay special tribute to approximately 50 local hospital employees who have demonstrated skill, dedication and concern for the well-being of others. One employee, selected by

his or her hospital, is honored from each member hospital.

Mr. Hall, an employee of the hospital for 28 years, has for the past nine years used a week of his vacation to supervise Boy Scout troops at summer camp. "Some of the boys are poor, inner-city kids," he says. "Most are from broken homes and, as Scoutmaster, I'm the only father figure they have." Hall has been involved with Scouting since 1960 and has had more than 300 boys in his troops over the years. He frequently meets some of his now-grown up "boys" on the street and they tell him of the positive impact Scouting has had on their lives.

In the nomination form sent in from Jewish Hospital, Hall was recommended "for his guidance, influence and service to Scouting, and for his genuine interest in the wholesome development of the lives of inner-city youth in St. Louis."

Plastic and Reconstructive Surgery in 1984. He copresented a paper on "Repair of Head and Neck Defects with Thin and Double-Lined Pectoralis Flaps" to the American Academy of Otolaryngology Head and Neck Surgery National Meeting in Anaheim, California, in 1983. He presented a paper on "Clinical Aspects of Hemangiomas of the Skull Base" to the Triological Society Western Section Meeting in Santa Barbara, California, in 1984. He presented papers on "Oncologic Aspects of Lateral Skull Base Surgery" and "Myogenous Flap Reconstruction of Extensive Head and Neck Defects" to the MSMA Annual Meeting in St. Louis in 1984.

John Turk, M.D., Ph.D., coauthored a paper on "Arachidonic Acid Metabolism in Isolated Pancreatic Islets I and II" published in the 1984 issue of *Biochimica et Biophysica Acta*. Dr. Turk spoke on "Arachidonate Metabolism and Insulin Secretion by

ORTHOPEDIC HONORS—The Leon Fox Prize in Orthopedic Surgery at the Jewish Hospital of St. Louis was presented on Wednesday, May 16, 1984, by Mrs. Leon Fox to James Clanahan, M.D., and Walter Peters, M.D. Drs. Clanahan and Peters were awarded the prize based on excellence displayed in orthopedic work as post-graduate residents at Jewish Hospital.

Dr. and Mrs. Fox, along with the prize winners, were guests at Jewish Hospital department of surgery's 1984 orthopedic dinner meeting held at the Cheshire Inn and officiated by Jerome J. Gilden, M.D., chief of orthopedic surgery.



Lesli K. Koppelman has been promoted to director of community relations for Jewish Hospital. She joined the hospital staff in March of 1983 as manager of publica-

tions. In that position, she served as editor of *216* magazine, which in the past year has won a Missouri Association of Hospitals Public Relations Muleshoe Award, a St. Louis Chapter of the International Association of Business Communicators Bronze Quill Award, and an Award of Excellence from the Advertising Federation of St. Louis.

In her new job, Ms. Koppelman will be responsible for the hospital's overall community relations effort and will supervise the functions of publications, media relations and patient relations.

Isolated Pancreatic Islets" to the 1984 Winter Prostaglandins Meeting in Keystone, Colorado.

Todd H. Wasserman,

M.D., coauthored an invited paper on "Promise of Radiosensitizers and Radioprotectors in the Treatment of Human



MY BROTHER, THE DOCTOR—The Grand Rounds presentation on Tuesday, May 8, had special meaning for attending physician Steven Lauter, M.D. (right), an internist and rheumatologist. The talk on toxic shock syndrome was given by his older brother, Carl Lauter, M.D., chief of medicine at William Beaumont Hospital in Royal Oak, Michigan. The visiting lecturer has been involved in research aimed at determining the mechanism which causes low calcium

levels among toxic shock syndrome patients.

Both Lauters, influenced by their mother's interest in medicine, did their medical studies at the Wayne State University School of Medicine, with which Beaumont, a teaching hospital, is affiliated. The elder Lauter completed a fellowship in infectious disease and studied allergy/immunology during a sabbatical.

In November, Steve will return Carl's favor by speaking at Beaumont.



BEN A'KIBA BENEFAC-TOR

—On May 10, Adele Kelman, president of the Ben A'Kiba Aid Society, presented a check for \$3,500 to the hospital. The occasion marked the society's 92nd anniversary luncheon. A long-time supporter of Jewish Hospital, The Ben A'Kiba Aid Society has traditionally contributed funds to the department of rehabilitation medicine. In addition, this year it increased its annual donation to further diabetes, heart and cancer research. William A. Peck, M.D., physician-in-chief, and Don Levin, director of development, Jewish Hospital, accepted the award on behalf of the hospital. "As a direct result of your generosity to the department of re-

habilitation medicine, many who have suffered stroke, neurological disease, or have been accident victims have been trained to maximize their capabilities, and to experience an improvement in the quality of their lives," said Mr. Levin. "The hospital's past achievements, and the reason we can look to the future with such enthusiasm, is primarily because we have the loyal and dedicated support of an interested community and the financial support provided by organizations like yours. You represent the margin of difference which makes it possible for Jewish Hospital to provide the best and to be the best."

Pictured, left to right, are Dr. Peck, Ms. Kelman, and Mr. Levin.

Cancer" published in a special 25th anniversary issue of *Cancer Treatment Report* in 1984. Dr. Wasserman spoke on "Late Effects of Radiation" to the Fixman Cancer Conference in St. Louis on December 19, 1983; "New Developments in Radiation Oncology" to the St. Louis Oncology Society on February 9 and to the Bistate Tumor Registrar's meeting in St. Louis on February 21; "Principles and Practice of Radiation Oncology" to the Jewish Hospital surgery grand rounds on March 3; and "Radiation Therapy in Lung

Cancer" to the Jewish Hospital Medical Staff Conference on March 6.

Gary Weil, M.D., coauthored a paper on "Detection of Circulating Parasite Antigens in Canine *Dirofilariasis* by Counterimmuno Electrophoresis" published in the May 1984 issue of *American Journal of Tropical Medicine and Hygiene*.

Richard Wetzel, Ph.D., spoke on "Cognitive Therapy Treatment for Depression" to the Second Annual Missouri Conference on Depression held March 29-30 at Tan-Tar-A, Lake of the Ozarks. ■



SHOPPING LIST

In an effort to provide high-quality medical service, Jewish Hospital at Washington University Medical Center continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

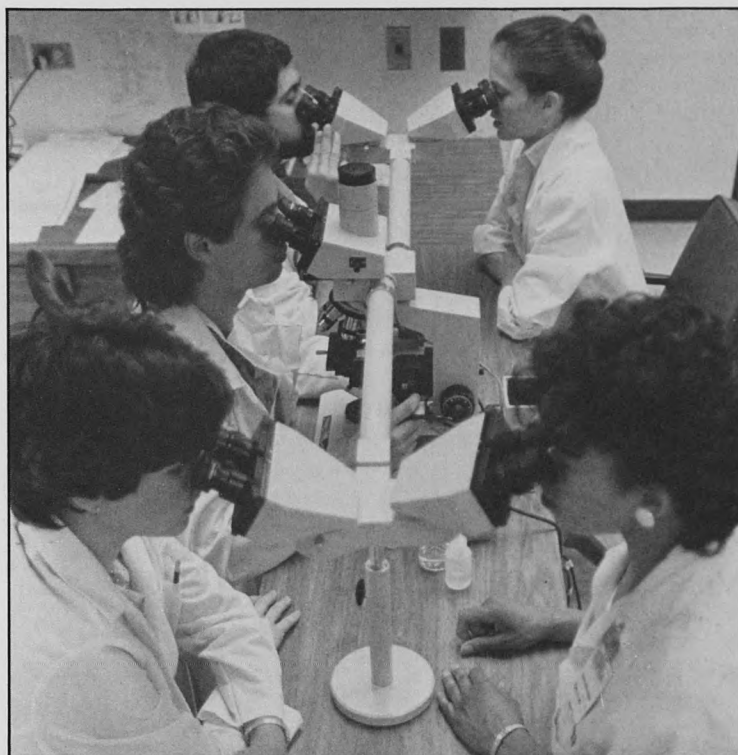
The Shopping List is a special feature presented to give the community an idea of the many different pieces of equipment every department requires to function efficiently. The list designates areas in which contributions are most necessary to help offset the high costs of the items (cited with their approximate prices), and allows prospective donors to choose a specific gift if they so desire.

The need exists. Your generosity could help save a life.

For more information on the Shopping List, contact the development office, 454-7250.

Teaching Microscope

Jewish Hospital has recently purchased a specialized microscope for the department of pathology. According to Robert W. McDivitt, M.D., director of anatomic pathology and professor of pathology, Washington University School of Medicine, the microscope has proven to be a valuable research and communication tool. Only recently perfected, the microscope has four auxiliary viewing ports, making it possible for biopsies to be studied simultaneously by five pathologists or other health care professionals. (Previously, microscopes had only one auxiliary viewing port.) "Until now, when a number of internists or surgeons was interested in a biopsy, we had to try to communicate our interpretation to them verbally," says Dr. McDivitt. "Using the new microscope, we now can all review the diagnostic material together and discuss the case with better



understanding."

The new microscope also is invaluable in teaching medical students and residents. As biopsies and cytology specimens are signed out by staff pathologists, students and pathologists in training can review the diagnostic material with the senior pathologist and get a

better understanding of how diagnoses are made. "So much of our business is communication," Dr. McDivitt emphasizes. "Medical care depends on accurate diagnoses, and the more completely the pathologist can communicate his findings to the clinician, the better the quality of care."

Operating Room

Hemotherm..... \$6,000

Emergency Room

Defibrillator/Monitor..... \$7,850

Medical Clinical Practice

Cancer Drug Mixing Station..... \$5,000

Physical Therapy

Pulley Support Device..... \$800

Nursing

Neonatal Intensive Care Unit..... \$1,700

Cardiac Cath Lab

Intra-aortic Balloon Pump..... \$10,000



CONTRIBUTIONS TO JEWISH HOSPITAL FUNDS

GENEROUS GIFTS

Mrs. Harriet Abrams has made a contribution to the Joseph Abrams Memorial Heart Fund, in memory of Mr. Joseph Abrams.

The Alumnae Association of the Jewish Hospital School of Nursing has established the Jewish Hospital Nurses' Alumnae Loan Fund.

Mr. and Mrs. Charles B. Baron have made a contribution to the Research Endowment Fund.

The Ben A'Kiba Aid Society has made contributions to the Ben A'Kiba Fund, the Cardiology Division Special Fund, the Marilyn Fixman Cancer Research Fund and the Diabetic Research Fund.

Mr. Daniel M. Bogard has made a contribution to the Dorothy Bogard Memorial Research Fund in Memory of Mrs. Dorothy Bogard.

Mr. and Mrs. Charles C. Eisenkramer have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Milton Ferman have made a contribution to the Division of Cardiothoracic Surgery Research Fund.

Mrs. Eugene A. Freund has made a contribution to the Eugene A. Freund Renal Fund.

The Clifford Willard Gaylord Foundation has made a contribution to the Clifford Willard Gaylord Endowment Fund.

Dr. Edward J. Griffith has made a contribution to the Rupert Turnbull Memorial Lectureship Fund in honor of Dr. Ira J. Kodner.

Mr. and Mrs. Siegmund Halpern have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Whitney R. Harris have made a contribution to the Eugene A. Freund Renal Fund.

Mrs. Lily Anne Hills has made a contribution to the Selma K. Roos Fund in memory of Mr. John J. Roos.

Mr. and Mrs. Edward Hopper have made a contribution to the Research Endowment Fund.

Interco Incorporated Charitable Trust has made a contribution to the Building Fund.

Mr. and Mrs. Franklin Jacobs have made a contribution to the Research Endowment Fund.

The Mary Ranken Jordan and Ettie A. Jordan Charitable Foundation has made a contribution to the Department of Medicine.

The Estate of Adolph Klaus has made a contribution to the Adolph and Emma Klaus Endowment Fund.

Mr. S. Lee Kling has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Harold Koplar have made a contribution to the Research Endowment Fund.

The estate of Mrs. Henrietta Lang has made a contribution to the Irvin S. Lang Endowment Fund.

Mr. and Mrs. Roswell Messing, Jr. have made a contribution to the Dr. William A. Peck Research Endowment Fund.

Mr. and Mrs. Hubert C. Moog have made a contribution to the Department of Anesthesiology in memory of Mrs. Juliette Ross.

Mr. Thomas H. Moog has made a contribution to the Department of Anesthesiology in memory of Mrs. Juliette Ross.

Neiman-Marcus has made a contribution to the medical research programs of The Jewish Hospital of St. Louis.

Mr. and Mrs. Gregory J. Nooney have made a contribution to the Chapel Fund.

Dr. and Mrs. William A. Peck have made a contribution to the Medical Research programs at Jewish Hospital.

Mr. and Mrs. Charles Peltason have made a contribution to the Research Endowment Fund.

Ralston Purina Company has made a gift to match a gift made by Mr. Elliot Stein, to the Mary Ann and Elliot Stein Endowment Fund.

Mr. and Mrs. John L. Roos have made a contribution to the Selma K. Roos Fund in memory of Mr. John J. Roos.

Mr. and Mrs. Mahlon Rubin have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Martin L. Seidel have established the Minnette and Martin L. Seidel Nursing Fund.

Mr. Marc Seldin has made a contribution to the Research Endowment Fund.

GENEROUS GIFTS

Dr. and Mrs. Hyman Senturia have made a contribution to the Rebecca Senturia Library Fund.

Dr. Robert D. Spewak has made a contribution to the Patient Care Fund.

Mr. Elliot Stein has made a contribution to the Mary Ann and Elliot Stein Endowment Fund.

Mr. and Mrs. Walter G. Stern have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Irwin E. Tober have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Edward J. Turner have made a contribution to the Research Endowment Fund.

Mr. and Mrs. Meyer K. Weil have made a contribution to the Meyer K. and Ethel Weil Otolaryngology Fund.

Mr. M. Richard Wyman has made a contribution to the Research Endowment Fund.

Mr. and Mrs. Louis I. Zorensky have made a contribution to the Directors Fund.



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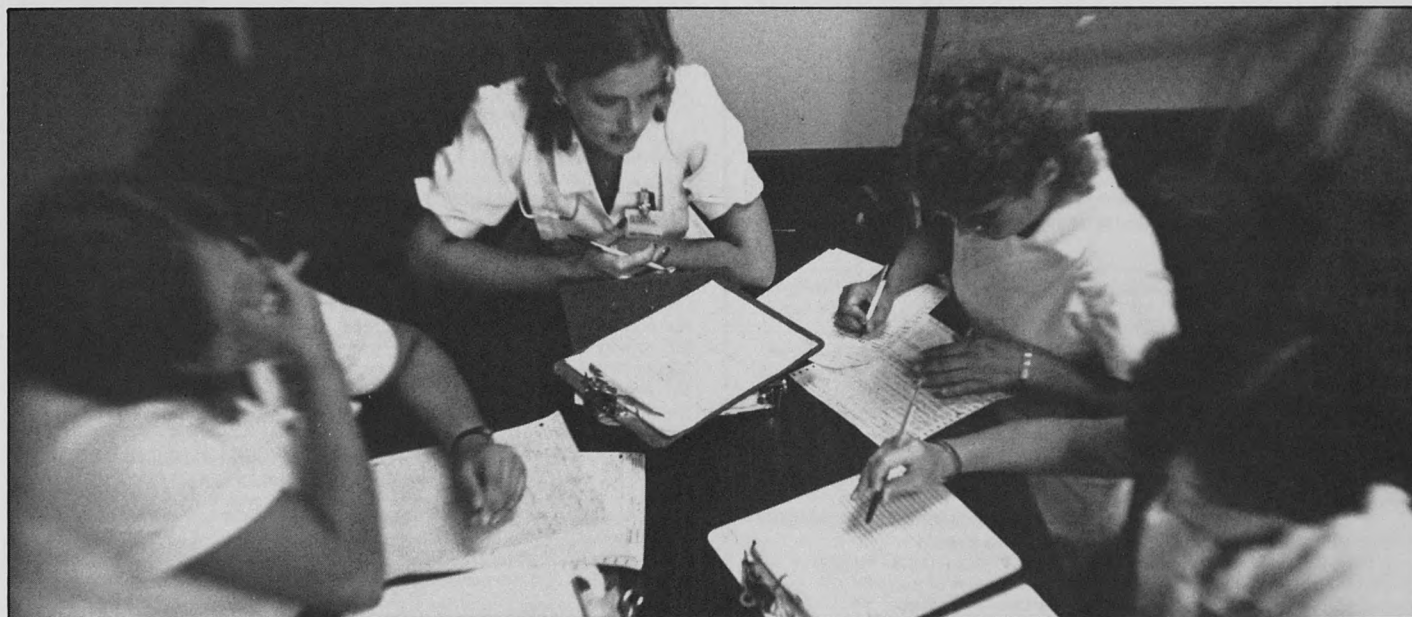
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The Tribute Fund, initiated by the Jewish Hospital Auxiliary in 1952, receives approximately \$140,000 a year for research and aid to the needy. To make the donation process convenient, drawing accounts have been established. Anyone can open a drawing account by mailing a deposit of at least \$25 to the Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, MO 63178. Once the account is open, the donor can call 454-7242 anytime he or she wishes to make a tribute. Tributes can commemorate any occasion—birthday, promotion, birth, Bar Mitzvah or marriage. They can also be used to express appreciation or sympathy. The sender may specify that the money be put into a special fund. A notice is immediately sent to the recipient and the amount, a minimum of \$3, is deducted from the balance of the account. So that all the money can be used for the purpose intended, the drawing account holder will not be sent a thank you acknowledgement.

Donors who do not have drawing accounts can send checks payable to The Jewish Hospital Tribute Fund to the address given above. When a tribute is made this way, both the sender and recipient receive an acknowledgement of the donation.

The following contributions were received from April 9 to June 1, 1984. Any contributions received after June 1 will be listed in the next issue of 216.

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CALENDAR OF EVENTS

August 1, 8, 15, 22, 29

The Rehabilitation Support Group for patients and their families going through rehabilitation for stroke, head and neck, and back injuries, 4 to 5 p.m.; Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

August 6, 7

Jewish Hospital Auxiliary Activity Cart Production Meeting for volunteers who want help assemble activity cart packets for patient distribution; 9:30 a.m. to 4 p.m.; Brown Room; all volunteers welcome; call 454-7130.

August 13

Super Sibling Program for children ages 2½ to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only; call 454-7130.

September 5, 11, 19, 26

The Rehabilitation Support Group for patients and their families going through rehabilitation for stroke, head and neck, and back injuries; 4 to 5 p.m.; Rehabilitation Conference Room; call Jean Hamlin, 454-7759 for more information.

September 10

Super Sibling Program for children ages 2½ to six and their parents during the third trimester of pregnancy to help the family adjust to the expected baby; 10 to 11:30 a.m.; by reservation only; call 454-7130.

September 10, 11

Jewish Hospital Auxiliary Activity Cart Production Meeting for volunteers who want help assemble activity cart packets for patient distribution; 9:30 a.m. to 4 p.m.; Brown Room; all volunteers welcome; call 454-7130.

September 12

Grandparents Refresher Course for expectant grandparents to learn the newest techniques in infant care; 10 a.m. to 12 noon; by reservation only; call 454-7130.

September 19

Associates In Medicine Lecture Series: 7:30 p.m.; Brown Room; open to the public at no charge; complimentary refreshments; reservations required; call 454-7239.

September 20

School of Nursing Open House tour of school and hospital for those interested in a nursing career; 7 p.m. in the nursing school; open to the public at no charge; call 454-7057.

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454-

7000
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Hospital

7420
Patient
Information

7900
Emergency
Room

7045
Admitting

7240/1
Patient
Relations

7245
Community
Relations

7130
Auxiliary

7239
Associates

7250
Fellows

7134
Patient
Accounts

8180
Physician's
Referral

7166
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Garden
(Flower Shop)



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